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Mildred Spiller, Esq. \*

Licensed in New Jersey \*

Licensed in New York ~

Licensed in Massachusetts ^

Licensed in Pennsylvania \*

February 22, 2019

Office of Special Education Programs  
New Jersey Department of Education  
100 Riverview Plaza  
Trenton, New Jersey 08611



Re: F.H. and M.H. o/b/o J.H. v. West Morris Regional High School District Board of  
Education  
OAL Docket No.: EDS 10706-2017  
Agency Ref. No.: 2017 26311

To Whom it May Concern:

Please be advised that this office represents the Petitioners in this matter. We are requesting a copy of the Administrative Record for this case. The hearing was held before Judge Betancourt on April 9, 2018, April 23, 2018, July 25, 2018, and August 29, 2018. It is my understanding that the Petitioner would receive a free copy. Time is of the essence.

Thank you for your time and attention to this matter.

Respectfully Submitted,

By: \_\_\_\_\_

Julie Warshaw, Esq.

JW/

cc: F.H. and M.H. (Via Email)

F.H. and M.H. o/b/o J.H. v. West Morris Regional High School District Board of Education

OAL Dkt. No.: EDS 10706-2017

Agency Ref. No.: 2017-26311

**JOINT EXHIBIT LIST**

RECEIVED

ALL EXHIBITS IN EVIDENCE

EX.	Description	Date	Bates Nos.	Originally Marked
J1	504 Student Accommodation Plan	12/07/2016	WM 001-003	R1; P17
J2	Special Education Referral	01/03/2017	WM 004	R2; P18
J3	Pre-referral Intervention Information	01/03/2017	WM 005	R3; P18
J4	Letter to Parents re Invitation to an Initial Identification Meeting	01/03/2017	WM 006-008	R4; P24
J5	Letter to Parents re Invitation to a Meeting	03/22/2017	WM 010-012	R6; P24
J6	Eligibility Meeting Participants	04/06/2017	WM 013	R7; P25
J7	Evaluation Sequence	Multiple	WM 014	R8; P25
J8	Eligibility Determination Report	04/06/2017	WM 015-016	R9; P25
J9	Individualized Education Program (IEP) **	04/06/2017	WM 017-038	R10; P26
J10	504 Student Accommodation Plan	12/07/2016	WM 039-041	R11; P29
J11	Mendham High School Being Successful Program (BSP)		WM 042-048	R12; P31
J12	Letter ICCPC to West Morris Central H.S.	10/20/2016	WM 049	R13; P15
J13	Letter ICCPC to West Morris Central H.S.	12/2/2016	WM 050	R14; P16
J14	Letter ICCPC to Joe Cusack	01/06/2017	WM 051	R15; P20
J15	Report of Psychological Evaluation by Sherry J. Wilk, M.A. on behalf of Clifton Public Schools, Special Education Department	01/19/2017	WM 052-062	R16; P22
J16	Psychiatric Evaluation by Shankar Srinivasan, M.D on behalf of Immediate Care Psychiatric Center	03/15/2017	WM 063-066	R17; P23
J17	Social History of Student prepared by Betina Goldberg-Rappoport, LCSW, MSW		WM 067-069	R18; P21
J18	Psychoeducational Testing Report prepared by Natalie Schubert, Psy.D., BCBA-D, Licensed Psychologist on behalf of Alexander Road Associates	Multiple	WM 070-092	R19; P32
J19	Letter from Melissa Dolgos re student	08/17/2017	WM 093	R20; P28
J20	Letter from Natalie Schuberth, PsyD, BCBA-D	12/13/2017	WM 094	R21; P32
J21	Psychiatric Report of Ellen M. Platt, D.O.	09/06/2017	WM 095-106	R22; P33

J22	Letter from Parents to Joe Cusack	10/10/2016	WM 134	R39; P12
J23	Letter from Plaza Family Care, PC re student	10/11/2016	WM 135	R40; P13
J24	Email from [REDACTED] to Joe Cusack	10/15/2016	WM 136	R41; P14
J25	Letter from Parents to Joe Cusack	1/4/2017	WM 140	R44; P19
J26	Email from Parents to Joe Cusack	09/08/2017	WM 151-152	R51; P29
J27	Letter from Parents to Stephen Ryan, Principal	09/25/2017	WM 153	R52; P35
J28	Purnell School Enrollment Contract 2017-2018, executed by Petitioner	08/30/2017	None	P36
J29	Petitioners' "Proof of Payment" to Purnell School, 2017-2018 school year	Various	None	P37
J30	Ellen M. Platt, D.O., Curriculum Vitae	None	None	P33
J31	Natalie Schuberth, Psy.D., BCBA-D, Curriculum Vitae	None	None	P32

**Intervention & Referral Services  
WEST MORRIS CENTRAL HIGH SCHOOL  
Four Bridges Road  
Chester, New Jersey  
504 Student Accommodation Plan**

**Name:** [REDACTED]

**Birth Date:** [REDACTED]

**Grade:** 10

**Guidance Counselor:** Cusack

**Date of Meeting:** 12-07-2016

**Nature of Concern:**

- [REDACTED] was diagnosed with Depression on 10-17-16 and has been in an Partial Care program at Immediate Care Children's Psychiatric Center since that date. She is now ready to gradually return to West Morris Central and will need 504 accommodations to assist with this transition.

**Determination of Handicap:**

- Depression as diagnosed by Dr. Srinivasan.

**How Handicap Affects a Major Life Activity:**

- Depression has negatively impacted her attendance and her ability to complete assignments and tasks necessary for the basic life function of learning.
- Missed days due to her depression has now caused anxiety during the school day and at home.

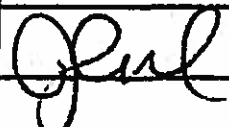
**Reasonable Accommodations:**

- Extended time on quizzes and tests.
- [REDACTED] may take assessments in a private setting.
- [REDACTED] will be issued a "walking pass" to take breaks from class when she is feeling a high level of anxiety.

3

- [REDACTED] may utilize the Zen Zone when it is available for meditation, deep breathing, and mindfulness exercises to help ease her anxiety.
- [REDACTED] may access an counselor when necessary.

**Review Date: September 2017**

Participants:	Signatures:
[REDACTED]	
[REDACTED]	
I&RS Member:	
Counselor:	
Administrator: Anne P. Meagher	
Director of Special Services: David Leigh	
Other	

**Please sign included Parental Rights Notice**

CC: Parent  
I&RS Monitor  
Principal/Assistant Principal  
Guidance Counselor  
Director of Special Services

**Parental Rights Under Section 504:**

**Parental Rights Under Section 504:**

1. Section 504 of the Rehabilitation Act is a nondiscrimination statute barring discrimination on the basis of one's disability.
2. It is the policy of the school district not to discriminate on the basis of disability in its educational programs, activities or employment policies as required by the Act.

3. The Act requires the school district to locate, evaluate and determine if the student is a qualified individual requiring accommodation necessary to provide access to educational programs.
4. Parents are entitled to have the opportunity to review relevant educational records under the Family Education Rights and Privacy Act (FERPA).
5. Parents or guardians disagreeing with the decisions reached by school personnel for accommodations necessary for access to educational programming and/or facilities may request a hearing before an impartial hearing officer by notifying the school principal.
6. The designated school district Section 504 Coordinator is:  
Dr. David Leigh  
West Morris Admin Bldg  
4 Bridges Road  
Chester, NJ 07930  
Phone: (908) 879-6404 x1477
7. Building Principal is:  
Mr. Steve Ryan  
West Morris Central High School  
259 Bartley Road  
Chester, NJ 07930  
Phone: (908) 879-5212 x3320

cc: WMC or WMM Building Administrators

The above information has been explained and a copy given to me.

Signature of Parent or Guardian:

[Redacted Signature]

Signature of Case Monitor:

[Handwritten Signature]

Date:

12/7/12

RECEIVED  
JAN 03 2017  
BY: Coz

Date: \_\_\_\_\_

**Grade:****School:**☒**WM****WMM****Counselor:****Admin:**

## I&RS Monitor:

**Home Phone:****Mother/Guardian Address:**

Same address

**Work Phone:****Father/Guardian Address:**

Same address

**Work Phone:**

**THE FOLLOWING ATTACHMENTS ARE REQUIRED. COUNSELOR GATHERS THE INFORMATION AND CHECKS OFF (use NA if not applicable):**

- ☒ Elementary/Middle/High School Records  
☒ All Standardized Testing Results  
☒ Action Plan and/or 504 Plan  
☒ Documentation of Pre-Referral Intervention Outcomes (COUNSELOR)  
☒ Documentation of Pre-Referral Intervention Outcomes (I&RS MONITOR)  
☒ Any Documentation/Reports/Requests/Letters from Parent(s)/Guardian(s)  
☐ Student Writing Sample  
☐ Current Teacher Input Forms  
☒ Student Schedule  
☒ Progress/Quarterly Grade Reports and Transcript  
☒ Attendance Records & Disciplinary Records  
☒ Medical Records (Nurses Office)  
☐ If this is a Staff Referral, Principals' Notification Letter  
☐ Other:

24714

JAN 25 1964

**STATEMENT OF PRESENTING PROBLEM WHICH REQUIRES THIS REFERRAL TO SPECIAL SERVICES:**

██████████ was hospitalized on 9/27/16 for Depression/Anxiety. She entered a Partial Care program and transferred to Care Children's Psychiatric Center on 10/17/16 & received tutoring through American Tutor company. She was released from program & cleared to return to school on 12/7/16. ██████████ attended 2 days & refused to return on 3<sup>rd</sup> day. ILCPC said that ████ would not be able to attend school as long as her name was on the school list. I have informed the school.

**PRE-REFERRAL INTERVENTION INFORMATION**

(Counselor Completes)

- I. Documentation of Pre-Referral Interventions (Attach 504 Plans, Action Plans, Disciplinary Interventions, Student Assistant Counselor Interventions, Student Schedule Changes, Basic Skills Remediation, etc.)
- II. Please explain why, in your opinion, the Pre-referral Interventions have not been successful in assisting this student:

Interventions through Guidance Dept. & I-205 Committee have not been successful at this point because [redacted] has not been attending school to take advantage of supports due to ongoing Depression and Anxiety.

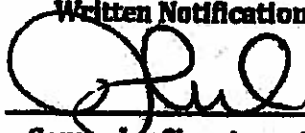



- III. Describe the services that have been provided to this student and from which department or staff member:

- Monitoring & Counseling through Guidance Department
- Partial Case Counseling at I-205 from 10/17 - 12/7.
- 504 plan through I-205 Committee effective 12/7/16.

- IV. Other information you feel is pertinent to this referral:

met Mrs. [redacted] explored private schools setting but have opted to keep [redacted] at WMC + go see the CST within.

NOTE: All information must be completed in a timely manner to insure the initial meeting is scheduled per NJAC 6A:14 timeline requirements. Principal's Office provides parents with Written Notification only if this is a Staff Referral.

	1/3/17		1/3/17
Counselor Signature	Date	Referring Staff Member(s)	Date
	1/3/17		1/3/17
Guidance Director Signature	Date	Building Principal	Date

**DISPOSITION: CST CASE MANAGER INFORMS THE DIRECTOR OF SPECIAL EDUCATION WITH THE IDENTIFICATION TEAMS EVALUATION DECISION WITHIN 20 WORKING DAYS OF THE DATE OF REFERRAL.**

Revised 9/14/05 Forms not to be revised without approval

01/05/2017

Invitation to an Initial Identification Meeting for [REDACTED]

5

**West Morris Regional High School District  
Department of Special Education  
10 South Four Bridges Road  
Chester, NJ 07930  
908-879-6404**

**Invitation To An Initial Identification Meeting**

Date: 01/03/2017

Student's Name: [REDACTED]

Student's School: West Morris Central High School

Parent's Name: [REDACTED]

Parent's Name: [REDACTED]

Dear [REDACTED]:

You are invited to attend a meeting regarding your child, [REDACTED]. The purpose of this meeting is to determine whether an evaluation will be conducted to determine if your child is eligible for special education and related services. If it is determined that an evaluation will be conducted, the members of the team will determine the nature and scope of the assessments to be conducted.

Your participation in planning for the educational needs of your child is important. The meeting is scheduled for:

Date: 01/09/2017

Time: 1:37

Location: West Morris Central High School

If this is not a convenient time or place, or should you have any questions, please contact Kendra Dickerson by 01/05/2017 at 908-879-5212 x3530 to discuss rescheduling the meeting or to discuss your questions.

The following individuals will be participating in the meeting:

**Title:**

- ☒ Student: [REDACTED]
- ☒ Parent: [REDACTED]
- ☒ Parent: [REDACTED]
- ☒ School psychologist: Kendra Dickerson/Sherry Wilk
- ☒ Learning disabilities teacher-consultant: Maria Zdroik
- ☒ School social worker: Betina Goldberg-Rappoport
- ☒ General education teacher: Robert Herman
- ☒ Other: Guidance Counselor: Joseph Cusack

**The agency representative is:**

- ☒ Case manager: Kendra Dickerson/Sherry Wilk

10/5/2017

Invitation to an Initial Identification Meeting for [REDACTED]

If you have any questions, please contact me at 908-879-5212 x3530.

Sincerely,

---

Name: Kendra Dickerson  
Position: School Psychologist

\*Attachments:

10/5/2017

Invitation to an Initial Identification Meeting for [REDACTED]

**Meeting Confirmation Form**

Please sign and return this page to Kendra Dickerson at West Morris Central High School by 01/06/2017.

Parent(s) Name: [REDACTED]

Date of Conference: 01/09/2017

Child's Name: [REDACTED]

If you cannot attend the meeting in person but wish to participate, other arrangements can be made to include you (for example, by a telephone conference).

Indicate how you will participate:

☐ In person    ☐ By telephone    ☐ By electronic conference equipment (if available through the school)

Please indicate whether you require any accommodations to participate in the meeting.

\_\_\_\_\_

\_\_\_\_\_

You may invite another person(s) who has knowledge or special expertise regarding your child to accompany you to the meeting. You may also bring your child to the meeting if you believe it is appropriate.

Please provide the names of anyone you are inviting to the meeting:

\_\_\_\_\_

\_\_\_\_\_

Will he or she require any accommodations? ☐ Yes ☐ No

If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

Participants at the meeting may use an audiotape recorder during the meeting. If you wish to tape the meeting, please check:

☐ I am planning to record the meeting.

If you plan to bring an advocate and/or an attorney to the meeting, please notify Kendra Dickerson as the meeting may need to be rescheduled to include district representation.

Parent(s) Signature \_\_\_\_\_

Date \_\_\_\_\_

10/5/2017

Invitations for [REDACTED]

**West Morris Regional High School District  
Department of Special Education  
10 South Four Bridges Road  
Chester, New Jersey 07930  
908-879-6404**

**Invitation to a Meeting**

Date: 03/22/2017

Student's Name: [REDACTED]

Student's School: West Morris Central High School

Parent's Name: [REDACTED]

Parent's Name: [REDACTED]

Dear [REDACTED]

You are invited to attend a meeting regarding your child, [REDACTED]

Your participation in planning for the educational needs of your child is important. The meeting is scheduled for:

**Date:** 04/06/2017

**Time:** 11:45

**Location:** West Morris Central High School

Please read this entire notice. To confirm your participation, please complete the information on the Meeting Confirmation Form and return the form to the district as directed.

The purpose(s) of the meeting is:

Determination of initial eligibility for special education;\*

Planning for transition to adult life;

If you have any questions, please contact Sherry Wilk by 04/04/2017 at 908-879-6404 x3530 to reschedule the meeting.

The following individuals will be participating in the meeting:

**Title**

**The agency representative is:**

- ✓ School psychologist: Sherry Wilk for Kendra Dickerson
- ✓ School social worker: Betina Goldberg-Rappoport
- ✓ General education teacher: Tamara Wubbenhorst
- ✓ Special education teacher: David Ehasz
- ✓ Other: Guidance Counselor: Joseph Cusack

10/5/2017

Invitations for [REDACTED]

Sincerely,

---

Name: Sherry Wilk

Position: School Psychologist

\*Attachments: For eligibility and continuing eligibility: Copy of evaluation reports

10/6/2017

Invitations for [REDACTED]

**Meeting Confirmation Form**

**Please sign and return this page to Sherry Wilk at West Morris Central High School by 04/04/2017.**

Parent(s) Name: [REDACTED]

Date of Conference: 04/06/2017

Child's Name: [REDACTED]

If you cannot attend the meeting in person but wish to participate, other arrangements can be made to include you (for example, by a telephone conference).

Indicate how you will participate:

☐ In person    ☐ By telephone    ☐ By electronic conference equipment (if available through the school)

Please indicate whether you require any accommodations to participate in the meeting.

You may invite another person(s) who has knowledge or special expertise regarding your child to accompany you to the meeting. You may also bring your child to the meeting if you believe it is appropriate.

Please provide the names of anyone you are inviting to the meeting:

Will he or she require any accommodations? ☐ Yes ☐ No

If yes, please describe:

Participants at the meeting may use an audiotape recorder during the meeting. If you wish to tape the meeting, please check:

☐ I am planning to record the meeting.

If you plan to bring an advocate and/or an attorney to the meeting, please notify Sherry Wilk as the meeting may need to be rescheduled to include district representation.

\_\_\_\_\_  
Parent(s) Signature

\_\_\_\_\_  
Date

Name: [REDACTED]

Birth Date: [REDACTED]

**Eligibility Meeting Participants**

Please sign in the appropriate space. A signature in this section of the Eligibility Report documents participation in the meeting and does not indicate agreement.

Participants	Name	Signature	Date
Student, if appropriate or required:	[REDACTED]		
Parent:			4/6/17
Parent:			4/6/17
General Education Teacher:	Tamara Wubbenhorst		
Special Education Teacher:	David Ehasz		
Child Study Team Member:	Sherry Wilk	Sherry Wilk	4-6-17
Case Manager (may be the CST member above):	Kendra Dickerson		
School Representative (may be the CST member or other appropriate school personnel):	Belina Goldberg-Rappoport		
Guidance Counselor:	Joseph Cusack	Joe Cusack	4/6/17

**West Morris Regional High School District  
Department of Special Education**

10 South Four Bridges Road

Chester, New Jersey 07930

908-879-6404

**Evaluation Sequence**

<b>Name:</b> [REDACTED]		<b>Birth Date:</b> [REDACTED]	<b>Evaluation Type:</b> Initial
<b>Health</b>			
<input type="checkbox"/> Allergies/Special Diet: <input type="checkbox"/> Medication: <input type="checkbox"/> Physical Restrictions:		<b>Days Absent:</b> <input type="checkbox"/> Vision: <input type="checkbox"/> Hearing:	
<b>Evaluation Information</b>			
<b>Initial Evaluation Dates</b>  Original Referral Date: 01/03/2017 Identification Meeting Invitation Date: 01/09/2017 Parental Consent To Evaluation Obtained: 01/09/2017 Initial Eligibility Determination Date: 04/08/2017		<b>Date Assessment Completed</b>  Psychologist: 01/19/2017 Social Worker: 01/18/2017	

Name: [REDACTED]

Birth Date: [REDACTED]

## Eligibility Determination Report

### Reason For Referral

[REDACTED] was referred to the CST for a comprehensive evaluation due to ongoing academic/behavioral difficulties. This assessment will determine the setting that will best meet her academic, emotional, and educational needs.

### Collaborative Evaluation Summary

#### **PSYCHIATRIC EVALUATION SUMMARY:** Immediate Care Psychiatric Center (3/15/17)

[REDACTED]'s psychiatric issues specifically, pervasive mood disturbances, avoidance behaviors even when not under street, along with irrational fears and anxiety secondary to school issues, all collectively at this time are directly impacting learning and ability to maintain and build satisfactory interpersonal relationships.

#### **Recommendations:**

At this time an out of district placement is advised

[REDACTED] needs regular follow up with a child psychiatrist for medication management and psychotherapist for counseling

#### **PSYCHOLOGICAL EVALUATION SUMMARY:** Sherry J. Wilk, MA (1/19/17):

Relative to children of comparable age, [REDACTED]'s current general level of cognitive ability is estimated to be within the average range of intellectual functioning on a standardized measure of intellectual functioning. Her overall thinking and reasoning abilities exceed those of approximately 61% of individuals her age (FSIQ = 104; 95% confidence interval = 100-108). Her general verbal comprehension abilities were in the high average range (VCI = 118), and her general perceptual reasoning abilities were in the average range (PRI = 107). [REDACTED]'s ability to sustain attention, concentrate, and exert mental control is in the low average range (WMI = 86). [REDACTED]'s ability in processing simple or routine visual material without making errors is in the average range when compared to her peers (PSI = 94). She performed slightly better on verbal than on nonverbal reasoning tasks, but there is no meaningful difference between [REDACTED]'s ability to reason with and without the use of words. Also, as she performed much better on some verbal tasks than others. Furthermore, due to variability between the two subtests that compose the PSI, caution is warranted when interpreting this Index score. Significant specific strengths include orally defining vocabulary words, knowledge of isolated facts/information, and analysis and synthesis of abstract visual stimuli and nonverbal reasoning. A significantly weaker specific skill involves the interplay of visual memory and discrimination, attentiveness to visual tasks, processing speed, visual-motor organization, and cognitive adaptability. Moreover, another significant weakness involves her auditory short-term memory. The latter specific skills score at a Borderline level.

[REDACTED] struggles with anxiety and depression, and has a fear of academic failure. She has limited insight into her difficulties, feels helpless, and likely has limited problem-solving abilities. She does feel her family is supportive of her. As compared to her peers, [REDACTED] rates herself as not having any noteworthy difficulties in a number of areas, including, sensation seeking, atypicality, locus of control, attention problems, hyperactivity, relations with parents, self-reliance, test anxiety, anger control, and mania. However, [REDACTED] rates herself within the At-Risk range in attitude to school, social stress, anxiety, depression, sense of inadequacy, somatization, self-esteem, and ego strength. Furthermore, [REDACTED] rates herself in the Clinically Significant range in attitude to teachers, interpersonal relations.

As compared to her peers, [REDACTED] is rated by her parent as having typical adolescent behaviors in a number of areas, including: hyperactivity, aggression, conduct problems, somatization, atypicality, attention problems, and social skills, activities of daily living, anger control, bullying, emotional self-control, and executive functioning. However, [REDACTED]'s parent rates her within the At-Risk range in anxiety, adaptability, leadership, functional communication, social development, and negative emotionality. Furthermore, [REDACTED]'s parent rates her in the Clinically Significant range in depression, withdrawal, and resiliency.

#### **SOCIAL HISTORY SUMMARY:** Belina Goldberg-Rappoport, LCSW,MSW (1/18/17)

[REDACTED], a 10th grader, is the youngest and only daughter of four born to an intact family. [REDACTED] senses that she began feeling loneliness in 6th grade and by September of 10th grade was depressed, anxious and suicidal. Her parents put her into a therapeutic program immediately and this appeared to help [REDACTED] a great deal. She was in a full time day program at Immediate Care Children's Psychiatric Center until right before winter break. She had no intervention for a few weeks during the holiday and family visits and she decompensated some. Currently she is on home-bound instruction after returning to school proved too stressful and has tutors coming to the home along with afterschool programs twice a week at ICCPC.

**Statement of Eligibility**

Review of records and consideration of cognitive functioning, academic achievement, learning styles and adaptive behavior indicates that Jenna is eligible for special education and related services as meets the criteria of Emotionally Disturbed

**Waiver of Notice**

I hereby waive the 15-day notice requirement to permit the IEP team to proceed to present the IEP program and placement.

Parent(s) Signature

4/6/17  
4/6/17  
Date

**West Morris Regional High School District  
Department of Special Education**

10 South Four Bridges Road  
Chester, New Jersey 07930  
908-879-6404

**Individualized Education Program (IEP)**



**State ID:**

**ID:**

**Parent/Guardian:**

**Parent/Guardian:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Home Phone:**

**Emergency Phone:**

**Eligibility Category:** Emotionally Disturbed

**Case Manager:** Kendra Dickerson

**Case Manager Phone:** 908-879-5212 x3530

**Limited English Proficient:** ☐ Yes ☒ No

**Parent Consent to Implement Initial IEP:** 04/06/2017

**Grade:** Eleventh grade

**Birth Date:**

**Gender:** Female

**Ethnic:** White

**Primary Location:** West Morris Mendham High School

**IEP Type:** Initial IEP

**IEP Meeting Date:** 04/06/2017

**IEP Start Date:** 04/06/2017

**Annual Review Due Date:** 04/05/2018

**Reevaluation Due Date:** 04/05/2020

**Related Services**

Transportation  
Counseling  
Extended School Year

**DRAFT**

Name: [REDACTED]

Birth Date: [REDACTED]

## IEP Meeting Participants

Please sign in the appropriate space. A signature in this section of the IEP documents participation in the meeting and does not indicate agreement with the IEP. If a required member of the IEP team has been excused from participating in the meeting with parental consent, note the excusal in the required team member's space.

Participants	Name	Signature	Date
Student, if appropriate or required:			
Parent:	[REDACTED]		
Parent:	[REDACTED]		
General Education Teacher:	Tamara Wubbenhorst		
Special Education Teacher:	David Ehasz		
Child Study Team Member:	Sherry Wilk		
Case Manager (may be the CST member above):	Kendra Dickerson		
School Representative (may be the CST member or other appropriate school personnel):	Betina Goldberg-Rappoport		
Specialist:			
Specialist:			
Guidance Counselor:	Joseph Cusack		

Name: [REDACTED]

Birth Date: [REDACTED]

## Present Levels of Academic Achievement and Functional Performance

Consider relevant data. List the sources used to develop this IEP.

Report Cards	Standardized Test
Teacher Feedback	Tracking Sheets
Parent Report	Progress Reports
Recent Evaluation	Results HSPA Scores

Describe the concerns of the parent:

Mr. and Mrs. [REDACTED] have expressed concern about the need to provide [REDACTED] an adequate level of social and emotional support while ensuring that she is receiving academic instruction at a level that is commensurate with her potential.

Describe the present levels of academic achievement and functional performance including how the student's disability affects his or her involvement and progress in the general education curriculum. For preschool children, as appropriate, describe how the disability affects the child's participation in appropriate activities [N.J.A.C. 6A:14-3.7(e)1].

### 4-6-17 Initial IEP Meeting

[REDACTED] and her mother and father participated in the development of the IEP. This IEP meeting was held in order to discuss her current academic progress, and develop her educational program for the remainder of this school year and for the next school year.

[REDACTED] is currently a 10<sup>th</sup> grade student in a general education program at West Morris Central High School. She is taking French 2, Geometry, US History 2, English 2, and Chemistry, all at the Advanced level. Last year in 9<sup>th</sup> grade, [REDACTED]'s core academic classes were at the Advanced level, and her grades ranged from "A" to "B-." In 8<sup>th</sup> grade, she was absent 19 times, with grades in core subjects ranging from "B" to "C+." She has been receiving Home Instruction since 10/24/16, per recommendation from her psychiatrist. A 504 plan was implemented for her effective 12/7/16.

[REDACTED] was hospitalized on 9/22/16 at Immediate Care Children's Psychiatric Center, for depression and anxiety. She subsequently attended the partial care program, where she received counseling and academic tutoring. It was reported that she improved in the small, therapeutic school environment, where she received individualized attention. On 10/17/16, she was released from the program and cleared to return to school. After attending WMCHS for two days, she refused to go back to school.

[REDACTED] has been diagnosed by the Immediate Care Children's Psychiatric Center as having Major Depressive Disorder, recurrent, severe, without psychotic features, as well as with Generalized Anxiety Disorder. She is currently taking Prozac and Wellbutrin. The Center is recommending that she be educated in a smaller and more therapeutic environment so that she could continue progressing with her anxiety, depression, and school functioning.

### PSYCHIATRIC EVALUATION SUMMARY: Immediate Care Psychiatric Center (3/15/17)

[REDACTED]'s psychiatric issues specifically, pervasive mood disturbances, avoidance behaviors even when not under stress, along with irrational fears and anxiety secondary to school issues, all collectively at this time are directly impacting learning and ability to maintain and build satisfactory interpersonal relationships.

### PSYCHOLOGICAL EVALUATION SUMMARY: Sherry J. Wilk, MA (1/19/17):

Relative to children of comparable age, [REDACTED]'s current general level of cognitive ability is estimated to be within the average range of intellectual functioning on a standardized measure of intellectual functioning. Her overall thinking and reasoning abilities exceed those of approximately 61% of individuals her age (FSIQ = 104; 95% confidence interval = 100-108). Her general verbal comprehension abilities were in the high average range (VCI = 116), and her general perceptual reasoning abilities were in the average range (PRI = 107). [REDACTED]'s ability to sustain attention, concentrate, and exert mental control is in the low average range (WMI = 86). [REDACTED]'s ability in processing simple or routine visual material without making errors is in the average range when compared to her peers (PSI = 94). She performed slightly better on verbal than on nonverbal reasoning tasks, but there is no meaningful difference between [REDACTED]'s ability to reason with and without the use of words. Also, as she performed much better on some verbal tasks than others. Furthermore, due to variability between the two subtests that compose the PSI, caution is warranted when interpreting this Index score. Significant specific strengths include orally defining vocabulary words, knowledge of isolated facts/information, and analysis and synthesis of abstract visual stimuli and nonverbal reasoning. A significantly weaker specific skill involves the interplay of visual memory and discrimination, attentiveness to visual tasks, processing speed, visual-motor organization, and cognitive adaptability. Moreover, her significant weakness involves her auditory short-term memory. The latter specific skills score at a Borderline level.

[REDACTED] struggles with anxiety and depression, and has a fear of academic failure. She has limited insight into her difficulties, feels helpless, and likely has limited problem-solving abilities. She does feel her family is supportive of her. As compared to her peers, [REDACTED] rates herself as not having any noteworthy difficulties in a number of areas including sensation seeking, atypicality, locus of control, attention problems,

hyperactivity, relations with parents, self-reliance, test anxiety, anger control, and mania. However, [REDACTED] rates herself within the At-Risk range in attitude to school, social stress, anxiety, depression, sense of inadequacy, somatization, self-esteem, and ego strength. Furthermore, [REDACTED] rates herself in the Clinically Significant range in attitude to teachers, interpersonal relations.

As compared to her peers, [REDACTED] is rated by her parent as having typical adolescent behaviors in a number of areas, including: hyperactivity, aggression, conduct problems, somatization, atypicality, attention problems, and social skills, activities of daily living, anger control, bullying, emotional self-control, and executive functioning. However, [REDACTED]'s parent rates her within the At-Risk range in anxiety, adaptability, leadership, functional communication, social development, and negative emotionality. Furthermore, [REDACTED]'s parent rates her in the Clinically Significant range in depression, withdrawal, and resiliency.

**SOCIAL HISTORY SUMMARY:** Betina Goldberg-Rappoport, LCSW,MSW (1/18/17)

[REDACTED] a 10th grader, is the youngest and only daughter of four born to an intact family. [REDACTED] senses that she began feeling loneliness in 6th grade and by September of 10th grade was depressed, anxious and suicidal. Her parents put her into a therapeutic program immediately and this appeared to help [REDACTED] a great deal. She was in a full time day program at Immediate Care Children's Psychiatric Center until right before winter break. She had no intervention for a few weeks during the holiday and family visits and she decompensated some. Currently she is on home-bound instruction after returning to school proved too stressful and has tutors coming to the home along with afterschool programs twice a week at ICCPC.

**ELIGIBILITY:** 4/6/17 **CLASSIFICATION:** ED

For preschool students, review the preschool day to determine what accommodations and modifications may be required to allow the child to participate in the general education classroom and activities [N.J.A.C. 6A:14-3.7(c)11].

N/A

Include other educational needs that result from the student's disability [N.J.A.C. 6A:14-3.7(a)3ii].

Due to [REDACTED]'s disability and difficulties this school year, she has taken a reduced course load during her sophomore year.

[REDACTED] will still need to complete Driver's Theory and an alternative assignment for 10th grade Physical Education prior to graduation.

In addition, consider each special factor identified in N.J.A.C. 6A: 14-3.7(c). (The Need for consultation; Behavioral needs; Language needs; Communication needs; Auditory needs; Need for assistive technology devices and services; and visual needs.). If in considering the special factors, the IEP team determines that the student needs a particular device or service (including an intervention, accommodation or other program modification) to receive a free, appropriate public education, the IEP must include a statement to that effect in the appropriate section. If a factor is not applicable, note as such.

In developing this program, consideration has been given to the need for consultation, language, communication, auditory, assistive technology devices/services, and visual needs. They are not applicable at this time.

Name: [REDACTED]

Birth Date: [REDACTED]

## Statement of Transition Planning

*Beginning with the IEP in place for the school year when the student will turn age 14, or younger, if appropriate, develop the long-range educational plan for the student's future. Review annually.*

### Statement of the student's strengths, interests and preferences

[REDACTED] is an intelligent, articulate young lady. She is interested in attending college after high school.

### Appropriate Measurable Postsecondary Goals

#### Post-Secondary Education:

*Including, but not limited to, college, vocational training and continuing and adult education.*

[REDACTED] is interested in attending college after High School.

#### Employment/Career:

Undecided

#### Community Participation:

*Including, but not limited to, recreation and leisure activities, and participation in community organizations.*

na

#### Independent Living:

Anticipated

### Courses of Study:

*Considering the student's interests, preferences, and desired post secondary goals, list the specific courses of study for the period of time covered by this IEP. Include both general education and special education courses. When appropriate, identify the courses of study projected for future years.*

#### Grade 9 Completed Courses of Study (List Course Names):

English 1 (AV)  
US History 1 (AV)  
French 1 (AV)  
Algebra 1 (AV)  
Biology (AV)  
Band (AC)  
Phys Ed 9  
Health 9

#### Grade 10 Current Courses of Study (List Course Names):

[REDACTED] is currently working on the following courses with home instructors:

English 2 (AV)  
Chemistry (AV)  
US History 2 (AV)  
Geometry (AV)  
French 2 (AV)

At this time, it is being proposed that [REDACTED] begin to gradually transition to a less restrictive placement within the Mendham Behavioral Support Program for a half day, afternoons only. [REDACTED] will continue to work towards completion of the courses she is currently working on, however, attempts will be made to conduct the tutoring sessions within the school environment. Also, it is being recommended that [REDACTED] should transition to taking English with her peers in a small class setting within the behavioral support program. French and Chemistry will continue to be delivered through home instruction.

#### Grade 11 Completed Courses of Study (List Course Names):

English 3 (AV) (BSP)  
World History (AV) (BSP)  
French 3 (AV)  
Algebra 2 (AV)  
Environmental Science (AC) (BSP)  
Phys Ed 11  
Health 11  
Band (AC)  
Out of Class Support (BSP)

Alternates:

Culinary Arts (AC)

World Cuisine (AC)

\* [REDACTED] still needs to complete, Driver's Theory, Physical Education 10, 5 Credits of Career Education and 2.5 Credits of Economic Literacy prior to graduation.

Grade \_\_\_\_\_ Courses of Study (List Course Names):

**Related Strategies and/or Activities:**

*In addition to the courses listed above, list related strategies and/or activities that are consistent with the student's strengths, interests, and preferences, and are intended to assist the student in developing or attaining postsecondary goals related to training, education, employment and, if appropriate, independent living.*

Name: [REDACTED]

Birth Date: [REDACTED]

**Statement of Consultation**

☒ Information/advice is needed from the Division of Vocational Rehabilitation Services or other agency or agencies. List the name of any agency from which consultation is needed:

It is anticipated that [REDACTED] may benefit from DVRS upon her graduation from High School. This service will be considered closer to that time.

**Name of the school staff person(s) who will be the liaison to post-secondary resources:**

Kendra Dickerson

**Statement of Needed Interagency Linkages and School District Responsibilities**

*As appropriate to the anticipated needs of the student, list all agencies to which the student will be referred by the school district liaison to postsecondary resources in the spaces below. List the responsibility of the school district and/or student/parent(s) with respect to contacting each agency listed and providing needed information or documentation to each such agency.*

**Agency:**

DVRS

**School district responsibilities:**

Provide information for post-secondary planning.

**Student/parent responsibilities:**

If appropriate, register with DVR.

Name: [REDACTED]

Birth Date: [REDACTED]

# Statement of Transition Services Needed to Attain Measurable Postsecondary

## Goals: Coordinated Activities/Strategies

Beginning with the IEP in place for the school year when the student will turn age 16 or younger, if appropriate, complete the following multi-year plan for promoting movement from school to the student's desired post-school goals. The student's needs, strengths, interests and preferences in each area (instruction, community experiences, etc.) must be considered, and responsibilities should be shared among participants (student, parent, school staff, outside agencies, employers, etc.).

Activities/Strategies Related to Measurable Post-Secondary Goals	Expected Date of Implementation	Person or Agency Arranging and/or Providing Services
<b>Instruction--Post-Secondary Education/Training</b>		
[REDACTED] will continue to take courses at a college prep level in order to work towards completion of her graduation requirements and to develop college readiness. Many of these courses can be delivered within the Behavioral Support Program at Mendham High School in order to provide [REDACTED] with a smaller classroom environment and more individualized instruction.	04/24/2017	Student Parent/Guardian CST Guidance
<b>Related Services</b>		
School Based Counseling, 1x per week for 30 minutes. Additional school counseling may be provided at [REDACTED]'s request.	04/24/2017	Student CST
<b>Community Experiences</b>		
[REDACTED] is encouraged to participate in social and recreational events both at school and within her local community. She may wish to begin to visit college campuses and meet with student support services in preparation for after she has graduated from high school.	04/24/2017	Parent/Guardian Student WMRHSD
<b>Adult Living Objectives</b>		
Is anticipated that [REDACTED] will take the course Driver's Theory during her junior year in order to work towards obtaining her driver's license.	04/24/2017	Student Guidance
<b>Employment</b>		
Service was considered, but is not needed		
<b>Daily Living Skills</b>		
Service was considered, but is not needed		
<b>Functional Vocational Evaluation</b>		
Service was considered, but is not needed		

Name: [REDACTED]

Birth Date: [REDACTED]

## Transfer of Rights at Age of Majority

### OPTION I:

At least three years before the student reaches age 18, a statement that the student and the parent(s) have been informed of the rights that will transfer to the student on reaching the age of majority, unless the parents obtain guardianship [N.J.A.C. 6A:14-3.7(e)14]. The district may use the following description to document that the student and parents have been informed of the rights that will transfer. The IEP team *may* include this statement at age 14 when transition planning begins.

On 01/03/2019, [REDACTED] will turn age 18 and become an adult student. The following rights will transfer to Jenna:

- The school district must receive written permission from [REDACTED] before it conducts any assessments as part of an evaluation or reevaluation and before implementing an IEP for the first time.
- The school must send a written notice to [REDACTED] whenever it wishes to change or refuses to change the evaluation, eligibility, individualized education program (IEP), placement, or the provision of a free, appropriate public education (FAPE).
- You, the parent(s), may not have access to [REDACTED]'s educational records without her consent, unless she continues to be financially dependent on you.
- The district will continue to provide you, the parent(s), with notice of meetings and of any proposed changes to your adult child's program.
- Any time [REDACTED] disagrees with her special education program, she is the only one who can request mediation or a due process hearing to resolve any disputes arising in those areas.

If [REDACTED] wishes, she may write a letter to the school giving you, the parents, the right to continue to act on her behalf in these matters.

### OPTION II:

At least three years before the student reaches age 18, a statement that the student and the parent(s) have been informed of the rights that will transfer to the student on reaching the age of majority unless the parent(s) obtain guardianship [N.J.A.C. 6A:14-3.7(e)14]. The district may inform the student and the parent(s) by letter of the rights that will transfer. If a letter is used, complete the following:

- ☒ [REDACTED] was informed in writing on 04/06/2017 of the rights that will transfer to her at age eighteen.
- ☒ [REDACTED] was informed in writing on 04/06/2017 of the rights that will transfer at age eighteen.

Name: [REDACTED]

Birth Date: [REDACTED]

## Behavioral Interventions

*N.J.A.C. 6A:14-3.7(c)4 requires consideration of behavioral needs. If behavior impedes the student's learning or the learning of others, the IEP team must consider, when appropriate, strategies, including positive behavioral interventions and supports to address that behavior. When needed, a behavior intervention plan must be included in the IEP. The following are suggested topics:*

### Target behavior:

School Attendance

### Documentation of prior interventions and student response:

A 504 Plan had been previously developed in order to provide [REDACTED] with accommodations. Despite this intervention, [REDACTED] continued to have difficulties attending school.

### Description of the positive supports/interventions, including the conditions under which the supports/interventions will be implemented:

It is being recommended that [REDACTED] have classes within the Behavioral Support Program. A reward system is built into this program in which students can earn field trips for consistent attendance and completion of academic work.

### Procedures for data collection to evaluate the effectiveness of the interventions:

Teacher and case manager will collect all data.

### Conditions under which the supports/interventions are changed:

These supports will be reviewed and adjusted with the CST team once [REDACTED] is demonstrating more consistent school attendance.

### Conditions under which the supports/interventions will be terminated:

The interventions may be terminated if mutually agreed upon by the student, parents, teacher and case manager.

### Parental involvement:

Parent/Teacher/Student Meeting as needed.

CST Meetings

Name: [REDACTED]

Birth Date: [REDACTED]

## Goals and Objectives

**ACADEMIC AND/OR FUNCTIONAL AREA:**
**ANNUAL MEASURABLE ACADEMIC AND/OR FUNCTIONAL GOAL:**
**BENCHMARKS OR SHORT TERM OBJECTIVES:**
**CRITERIA**
**EVALUATION  
PROCEDURES**
**Objective:**
**ACADEMIC AND/OR FUNCTIONAL AREA:**

Social / Emotional

**STANDARD:**

Standard 9.2 (Consumer, Family and Life Skills) All students will demonstrate critical life skills in order to be functional members of society.

**ANNUAL MEASURABLE ACADEMIC AND/OR FUNCTIONAL GOAL:**

[REDACTED] will increase her ability to manage anxiety pertaining to school related functioning.

**BENCHMARKS OR SHORT TERM OBJECTIVES:**
**CRITERIA**
**EVALUATION  
PROCEDURES**
**Objective:**

[REDACTED] will be able to identify and articulate 2-3 triggers of anxiety.

2-3 triggers of anxiety will be identified 80% of time when feeling anxious.

Clinical record from counseling sessions

**Objective:**

[REDACTED] will learn to use an anxiety scale to gauge and measure the strength of her emotional reactions to triggers.

Anxiety scale will be used 100% of time when feeling anxious.

Clinical record from counseling sessions

**Objective:**

[REDACTED] will identify up to 3 strategies (ie. Mindful Tool) that can be used to reduce anxiety.

Strategies will be identified and used 100% of instances when feeling anxious.

Clinical record from counseling sessions

**Objective:**

[REDACTED] will increase attend at school in accordance with her schedule.

Attend school with 80% frequency

Attendance record

**Objective:**

[REDACTED] will seek support when feeling anxious.

Support will be sought 100% of time when feeling overwhelmed by anxiety.

Student Interview

Name: [REDACTED]

Birth Date: [REDACTED]

## Modifications/Supports/Progress Reports

### MODIFICATIONS AND SUPPLEMENTARY AIDS AND SERVICES IN THE GENERAL EDUCATION CLASSROOM

State the modifications for the student to be involved and progress in the general education curriculum and be educated with nondisabled students. State the supplementary aids and services that will be provided to the student or on behalf of the student [N.J.A.C. 6A:14-3.7(e)4]. Identify any assistive technology devices and services to be provided. Attach additional pages as necessary.

State the modifications to enable the student to participate in the general education curriculum.

State the supplementary aids and services.

Extended time on tests and quizzes.

Permit [REDACTED] to meet with the school counselor upon her request.

Allow frequent breaks

Provide structure and interim due dates for long term assignments.

Provide frequent feedback regarding [REDACTED]'s academic work.

### MODIFICATIONS AND SUPPLEMENTARY AIDS AND SERVICES IN THE SPECIAL EDUCATION CLASSROOM

If the student will not be participating in the general education classroom, state the modifications and supplementary aids and services to enable the student to be involved and progress in the general education curriculum in the special education classroom. Identify any assistive technology devices and services to be provided. Attach additional pages as necessary.

State the modifications to enable the student to participate in the general education curriculum.

State the supplementary aids and services.

Extended time on tests and quizzes.

Permit [REDACTED] to meet with the school counselor upon her request.

Allow frequent breaks

Provide structure and interim due dates for long term assignments.

Provide frequent feedback regarding [REDACTED]'s academic work.

### Supports for School Personnel

State the supports for the school personnel that will be provided for the student [N.J.A.C. 6A:14-3.7(e)4].

Case Manager will monitor progress and communicate with parents as needed.

Parent/Teacher conferences as needed.

Staff receives in service training.

Staff receives ongoing opportunities for professional development.

### Progress Reporting

State how the parents will be regularly informed of their student's progress toward the annual goals [N.J.A.C. 6A:14-3.7(e)16].

**Method:**

**Schedule:**

Annual Review

Individual student progress as reported by teacher, IEP meetings, tests and exams and informal conferences.

Annually

Parents will have access to [REDACTED]'s grades on an ongoing basis via PowerSchool.

Name: [REDACTED]

Birth Date: [REDACTED]

## Special Education Determinations

<p><b>Document length of school day, if different from length of regular school day [N.J.A.C. 6A:14-4.1(c)].</b></p> <p>At this time, [REDACTED] is receiving home instruction. It is recommended that [REDACTED] continue with home instruction in the morning and begin attending West Morris Mendham High School Behavioral Support Program in the afternoon. [REDACTED] will have a shortened school day from 11:30am-2:35pm.</p>	<p><b>Statement of student's transition from elementary to secondary program [N.J.A.C. 6A:14-3.7(e)10].</b></p> <p>Transfer to high school program with same age peers.</p>
<p><b>Determine whether the student needs an extended school year (ESY) program. An extended school year program is provided in accordance with the student's IEP when an interruption in educational programming causes the student's performance to revert to a lower level of functioning and recoupment cannot be expected in a reasonable length of time. [N.J.A.C. 6A:14-4.3(c)]. List relevant factors considered in determining whether the student needs an ESY program.</b></p> <p>[REDACTED] is currently receiving home instruction and is scheduled to attend MHS from 11:30 to 2:35. It is recommended that [REDACTED] participate in the ESY program at MHS on Tuesdays and Thursdays from 11:30-2:30 p.m. in order to receive instruction in core mathematics and English skills. This will allow [REDACTED] to continue to receive academic instruction and counseling during the summer months.</p> <p><b>If required, describe the ESY program:</b></p> <p>[REDACTED] requires an extended school year program.</p> <p>The ESY will consist of instruction in core language arts and math skills two days per week for a total of 3 hours per day. Counseling will be provided weekly during the duration of the 5 week program.</p>	

## District and State Assessment

### Participation in District and State Assessment Program

Assessment	Modifications / Accommodations [N.J.A.C. 6A:14-3.7(e)7]	If the student will not be participating in a subject area or areas of a districtwide or Statewide assessment, explain why that assessment is not appropriate [N.J.A.C. 6A:14-3.7(e)7].	State how the student will be assessed if the student will not participate in Statewide or districtwide assessment.
<p><b>District Assessment:</b></p>			

### District Assessments

Small group  
Preferential Seating  
Extended time  
Frequent Breaks  
Directions Clarified and Repeated

### State Assessments:

HSPARCC	Accessibility Features	Timing and Scheduling	DLM
<input checked="" type="checkbox"/> Language Arts <input type="checkbox"/> Mathematics	<ul style="list-style-type: none"> <li>Frequent Breaks</li> <li>Small Testing Group</li> <li>General Administration Directions Clarified</li> <li>General Administration Directions Read Aloud and Repeated as Needed</li> </ul>	<ul style="list-style-type: none"> <li>Extended Time (UAF- universal accessibility feature)</li> </ul>	<input checked="" type="checkbox"/> Language Arts <input checked="" type="checkbox"/> Mathematics
<input type="checkbox"/> Language Arts <input checked="" type="checkbox"/> Mathematics	<ul style="list-style-type: none"> <li>Frequent Breaks</li> <li>Small Testing Group</li> <li>General Administration Directions Clarified</li> <li>General Administration Directions Read Aloud and Repeated as</li> </ul>		<input type="checkbox"/> Language Arts <input type="checkbox"/> Mathematics

**Needed****Timing and Scheduling**

- Extended Time (UAF- universal accessibility feature)

Name: [REDACTED]

Birth Date: [REDACTED]

**Graduation Requirements**

Beginning at age 14, identify the State and local graduation requirements that the student will be expected to meet. The statement must be reviewed annually. If the student is exempted from meeting any of the graduation requirements that all students are expected to meet or if any of the requirements are modified, provide a rationale below and list any alternate proficiencies the student is expected to achieve.

State the Graduation Requirement:

If the student is NOT  
exempt from the  
requirement, place a check  
in the box.

If the student is exempt from meeting the graduation  
requirement, provide a rationale for the exemption  
[N.J.A.C. 6A:14-3.7(e)9)].

**Attendance:**

Due to her disability [REDACTED] may exceed the number of  
absences specified and will require an extension of the  
attendance policy. Medical documentation to be reviewed  
by the attendance committee.



Due to chronic anxiety, depression and panic attacks,  
there have been times throughout the year in which  
[REDACTED] has had difficulties attending school and/or has  
needed to miss school due to treatment. These absences,  
will be considered by the attendance committee and  
excused with proper medical documentation. Continued  
supplemental home instruction may be warranted in  
order to account for missed academic material.

**Credit Hours:**

120

**PARCC or Other NJDOE Approved Alternate Assessment:**

Student will be held to sit for the PARCC assessments in  
Language Arts and Math.

**Other (Local Graduation Requirements):****Alternate Requirements(s):**

Provide a description of any alternate proficiencies to be achieved by the student to qualify for a State endorsed diploma [N.J.A.C.  
6A:14-3.7(e)9)].

Name: [REDACTED]

Birth Date: [REDACTED]

## Program Description

Name:	[REDACTED]	Grade:	Eleventh grade
Primary Location:	West Morris Mendham High School	Primary Placement Time:	Full time students
Secondary Location:		Secondary Placement Time:	
IEP Start Date:	04/06/2017	Program Type	Grade 10
Next Year's Secondary Location:	West Morris Mendham High School	Next Year's Grade:	Eleventh grade

## Statement of Special Education and Related Services

State the special education services by instructional area. For in-class programs also state the amount of time the resource or supplementary instruction teacher is present in the general education class [N.J.A.C. 6A:14-3.7(e)4 and N.J.A.C. 6A:14-3.7(3)8]. For pull-out replacement resource and special class programs, state the amount of instruction in each subject area, which must be equal to the amount of instructional time in general education for each subject area [N.J.A.C. 6A:14-4.1(l)]. All times are approximate within the context of the daily school schedule and will be consistent with the school year calendar unless otherwise noted.

Subject	Service Start Date	Service End Date	Frequency	Duration (minutes/session)	Type of Service
English 2 (AV) BSP	04/06/2017	06/21/2017	3 times per cycle	58	Pull/out, Replacement
In/Out (BSP) CIs.Supp	04/06/2017	06/21/2017	3 times per cycle	58	Pull/out, Support
Home Instruction (Geometry, AV) delivered at home or at MHS, BSP Classroom	04/06/2017	06/21/2017	2 times per week	60	Pull/out, Replacement
Home Instruction (US History 2, AV) delivered at home or MHS, BSP Classroom	04/06/2017	06/21/2017	2 times per week	60	Pull/out, Replacement
Home Instruction (French 2, AV)	04/06/2017	06/21/2017	2 times per week	60	Home Instruction
Home Instruction (Chemistry, AV)	04/06/2017	06/21/2017	2 times per week	60	Home Instruction
English 3 (AV) (BSP)	08/28/2017	04/05/2018	3 times per cycle	58	Pull/out, Replacement
World History (AV) (BSP)	08/28/2017	04/05/2018	3 times per cycle	58	Pull/out, Replacement
Environmental Science (AC) (BSP)	08/28/2017	04/05/2018	3 times per cycle	58	Pull/out, Replacement
In/Out (BSP) CIs.Supp	08/28/2017	04/05/2018	3 times per cycle	58	Pull/out, Support

## Additional Special Education Program Information:

It is proposed that [REDACTED] will continue to receive home instruction, with a gradual return to a less restrictive setting at Mendham High School, within the Behavioral Support Program. [REDACTED] will be expected to attend afternoons only for the remainder of the 2016-2017 school year. Transportation will be provided to bring [REDACTED] to Mendham High School. It is anticipated that [REDACTED] will attend a full day program for the 2017-2018 school year.

## Related Services

State the related services [N.J.A.C. 6A:14-3.7(e)4]. Include, as appropriate, a statement of integrated therapy services to be provided. Specify the amount of time the therapist will be in the classroom. If speech-language services are included, specify whether the services will be provided individually or in a group. Specify the group size. [N.J.A.C. 6A:14-3.7(e)5, N.J.A.C. 6A:14-3.7(e)8 and 6A:14-4.4(a)1].

Service	Start Date	End Date	Frequency	Duration (minutes/session)	Provider	Location
Individual Counseling services	04/06/2017	08/03/2017	1 time per week	30	CST	Counseling Room
Transportation service	04/06/2017	06/21/2017				PM only, to Mendham High School
Individual Counseling services	08/28/2017	04/05/2018	1 time per	30	CST	Counseling Room

week

**Additional Related/Intensive Service Information:**

Name: [REDACTED]

Birth Date: [REDACTED]

## Notice Requirements for the IEP and Placement

*This form describes the information required in each of the components of written notice for an IEP meeting. The written notice includes the IEP as a description of the proposed action and a description of the procedures and factors used in determining the proposed action.*

**Describe the proposed action [N.J.A.C. 6A:14-2.3(g)1] and explain why the district has taken such action [N.J.A.C. 6A:14-2.3(g)2].**

The development of a new IEP is being proposed as mandated by state code.

**The attached IEP describes the proposed program and placement and was developed:**

☒ as a result of an initial evaluation and determination of eligibility.

☐ as a result of an annual review.

☐ as a result of an amendment.

☐ as a result of a reevaluation.

☐ In response to a parental request.

☐ to propose a change in placement.

☐ to review the behavioral intervention plan.

☐ Other:

**Describe any options considered and the reasons those options were rejected [N.J.A.C. 6A:14-2.3(g)3].**

Mr. and Mrs. [REDACTED] have requested that [REDACTED] be allowed to attend Fusion Academy, a private alternative high school for students that is not a New Jersey approved special education program. This option was rejected by the district as it offers students a 1:1 learning experience, which is highly restrictive. Additionally, this program does not offer therapeutic support on campus.

**Describe the procedures, tests, records or reports and factors used in determining the proposed action [N.J.A.C. 6A:14-2.3(g)4].**

The sources of information used to develop the proposed IEP are listed in the present levels of performance.

**If applicable, describe any other factors that are relevant to the proposed action [N.J.A.C. 6A:14-2.3(g)5].**

Name: [REDACTED]

Birth Date: [REDACTED]

## Rationale for Removal from General Education

Decisions regarding placement are based on the individual needs of students and must begin with consideration of the general education setting. The purpose of this page is to document the discussions that have occurred with respect to accommodations, modifications, and supplementary aids and services in each academic or functional area that are necessary to educate the student in the general education setting.

If the student will be included in the general education setting for more than 80% of the time, no rationale is required. Items 1 through 3 of this section of the IEP need not be completed or included in the student's IEP.

If a student will not be included in the general education setting for more than 80% of the time, items 1 through 3 below **MUST** be completed for each CONTENT/SUBJECT AREA.

**1. Identify the supplementary aids and services that were considered to implement the student's annual goals. [N.J.A.C. 6A:14-4.2(a)8I]. Explain why they are not appropriate to meet the student's needs in the general education class:**

In order to determine an appropriate academic program for [REDACTED], it is important to take into account her academic strengths, emotional difficulties and future goals. Given these factors, a continuum of services and supports have been considered in order to address her educational needs within the least restrictive environment. [REDACTED] has tried returning to general education classes with supports such as extended time, frequent breaks, and opportunities to meet with her guidance counselor and/or the CST team. Despite these supports, consistent school attendance still proved difficult for [REDACTED]. The class size and school environment at West Morris Central High School has been challenging for her. Having a fresh start at Mendham High school with different peers is suggested at this time.

**2. Document the comparison of the benefits provided in the regular class and the benefits provided in the special education class [N.J.A.C. 6A:14-4.2(a)8II].**

Regular education classes would provide [REDACTED] with maximum exposure to the general education curriculum and materials. This setting also allows for learning from peer models and increased opportunities for social interaction.

The benefit from working in the behavioral support program classes is that this setting provides a calmer environment, where student anxiety can be more quickly identified and addressed. In this setting, there is a low student to teacher ratio and the instruction and academic pace can be modified to meet [REDACTED]'s needs. A reward system, focusing on positive behavioral support is also used to help foster social connections and encourage academic motivation.

**3. Document the potentially beneficial or harmful effects which a placement (in the general education class) may have on the student with disabilities or the other students in the class [N.J.A.C. 6A:14-4.2(a)8III].**

If placed in a less restrictive, general education setting, [REDACTED] may continue to experience a high level of anxiety leading to continued school absences. Without individualized strategies to provide her with academic and emotional support, [REDACTED] may fall behind academically and may have difficulties maintaining social connections. These harmful effects outweigh the potential gains from being strictly within the general education environment. The potential benefits of the Behavioral Support Program and continued home instruction are described above.

## Modifications in Extracurricular and Nonacademic Activities

State the modifications that will be provided to enable the student to participate in extracurricular and nonacademic activities [N.J.A.C. 6A:14-3.7(e)4II]. Explain the extent, if any, to which the student will not participate with nondisabled peers in extracurricular activities and nonacademic activities [N.J.A.C. 6A:14-3.7(e)6]. In addition, for students in an out-of-district placement, delineate how the student will participate with nondisabled peers in extracurricular and nonacademic activities including, if necessary, returning the student to the district in order to facilitate such participation [N.J.A.C. 6A:14-3.7(e)17].

All extracurricular activities are available to [REDACTED].

Name: [REDACTED]

Birth Date: [REDACTED]

## Document the Placement Decision According to the Following Categories (Check ONLY ONE box):

**\* NOTE:** In accordance with federal data collection requirements, a student in an out-of-district segregated placement for 50% or more of the school day must be reported as being in that setting for the entire day, regardless of whether the student is in a general education setting for the remainder of the school day.

### Students with Disabilities Ages 6-21:

- ☐ In the presence of General Education Students for 80% or more of the entire school day
- ☐ In the presence of General Education Students between 40% and 80% of the entire school day
- ☒ In the presence of General Education Students for less than 40% of the entire school day
- ☐ Public Separate School (In buildings with NO General Education Students)\*
- ☐ Private School for the Disabled (Only day educational costs paid by the district)\*
- ☐ Private Residential School for the Disabled (BOTH day and residential costs paid by the district)
- ☐ Home Instruction
- ☐ Public Residential Facility (For reporting by State Agencies ONLY – Department of Human Services, Department of Children and Families; Department of Corrections; Juvenile Justice Commission)

### Transition Planning for Students in Separate Settings

For students in a separate setting (for all or part of a school day), set forth activities necessary to move the student to a less restrictive placement. A separate setting is defined as a building without general education students.

[REDACTED] is currently receiving home instruction for all of her academic classes. In this restrictive environment, [REDACTED] has limited exposure to same-age peers. At this time, it is being proposed that [REDACTED] meet with some of her tutors within the school environment of the behavioral support program at Mendham High School. In order to do so, school based counseling is being recommended. [REDACTED] will have the continuity of having the same tutors that she had been previously working with in order to minimize anxiety. In addition, it is being recommended that [REDACTED] take English and Out of Class Support within the BSP program. By having the tutoring take place within the school environment and English and Out of Class Support, [REDACTED] will have greater opportunities to meet with same age peers.

## Procedural Safeguards Statement

As the parent of a student who is, or may be determined, eligible for special education services or as an adult student who is, or may be determined, eligible for special education, you have rights regarding identification, evaluation, classification, development of an IEP, placement and the provision of a free, appropriate public education under the New Jersey Administrative Code for Special Education, N.J.A.C. 6A:14. A description of these rights, which are called procedural safeguards, is contained in the document, *Parental Rights in Special Education (PRISE)*. This document is published by the New Jersey Department of Education.

A copy of PRISE is provided to you upon referral for an initial evaluation, when a disciplinary action that constitutes a change in placement is imposed by your school district, and the first time a due process hearing or complaint investigation is requested. In addition, a copy will be provided to you at your request.

### To obtain a copy of PRISE, please contact:

#### Phone #

School District Office or Personnel:

Michael Reinknecht, Director Special Services

908-879-6404

### For help in understanding your rights, you may contact any of the following:

School District Representative:

Michael Reinknecht

908-879-6404

Statewide Parent Advocacy Network (SPAN)

(800) 654-7726

NJ Protection and Advocacy, Inc.

(800) 922-7233

County Supervisor of Child Study:

Sandra Gogerty

973-285-8336

Name: [REDACTED]

Birth Date: [REDACTED]

**Consent for Initial IEP Implementation:**

Your signature is required to give consent before the proposed IEP services can start.

- ☐ I, We have received a copy of the proposed IEP and give consent for the IEP services to start.
- ☐ I, We have received a copy of the proposed IEP and do not give consent for IEP services to start.

Signature \_\_\_\_\_

04/06/2017

Date

10/6/2017

Individualized Education Program (NJIEP) for [REDACTED]

**West Morris Regional High School District  
Department of Special Education**

10 South Four Bridges Road

Chester, New Jersey 07930

908-879-6404

**Individualized Education Program (IEP)**

State ID: [REDACTED]

ID: [REDACTED]

Parent/Guardian: [REDACTED]

Parent/Guardian: [REDACTED]

Address: [REDACTED]

City: [REDACTED]

State: [REDACTED]

Zip Code: [REDACTED]

Home Phone: [REDACTED]

Emergency Phone: [REDACTED]

Eligibility Category: Emotionally Disturbed

Case Manager: Kendra Dickerson

Case Manager Phone: 908-879-5212 x3530

Limited English Proficient: ☐ Yes ☒ No

Parent Consent to Implement Initial IEP: 04/06/2017

Grade: Eleventh grade

Birth Date: [REDACTED]

Gender: Female

Ethnic: White

Primary Location: West Morris Mendham High School

IEP Type: Initial IEP

IEP Meeting Date: 04/06/2017

IEP Start Date: 04/06/2017

Annual Review Due Date: 04/05/2018

Reevaluation Due Date: 04/05/2020

**Related Services**

Transportation

Counseling

Extended School Year

DRAFT

10/8/2017

Individualized Education Program (NJIEP) for [REDACTED]

Name: [REDACTED]

Birth Date: [REDACTED]

**IEP Meeting Participants**

Please sign in the appropriate space. A signature in this section of the IEP documents participation in the meeting and does not indicate agreement with the IEP. If a required member of the IEP team has been excused from participating in the meeting with parental consent, note the excusal in the required team member's space.

Participants	Name	Signature	Date
Student, if appropriate or required:			
Parent:	[REDACTED]		
Parent:	[REDACTED]		
General Education Teacher:	Tamara Wubbenhorst		
Special Education Teacher:	David Ehasz		
Child Study Team Member:	Sherry Wilk		
Case Manager (may be the CST member above):	Kendra Dickerson		
School Representative (may be the CST member or other appropriate school personnel):	Betina Goldberg-Rappoport		
Specialist:			
Specialist:			
Guidance Counselor:	Joseph Cusack		

**West Morris Regional High School District  
Department of Special Education**

10 South Four Bridges Road  
Chester, New Jersey 07930  
908-879-6404

**Individualized Education Program (IEP)****State ID:****Grade:** Tenth grade**ID:****Birth Date:** [REDACTED]**Parent/Guardian:****Gender:** Female**Parent/Guardian:****Ethnic:** White**Address:****Primary Location:** West Morris Mendham High School**City:****IEP Type:** Initial IEP**State:****IEP Meeting Date:** 04/06/2017**Zip Code:****IEP Start Date:** 04/06/2017**Home Phone:****Emergency Phone:****Annual Review Due Date:** 04/05/2018**Eligibility Category:** Emotionally Disturbed**Reevaluation Due Date:** 04/05/2020**Case Manager:** Sherry Wilk**Case Manager Phone:** 908-879-6404 x3530**Related Services**

Transportation

Counseling

Extended School Year

**Limited English Proficient:** ☐ Yes ☒ No**Parent Consent to  
Implement Initial IEP:** 04/06/2017

5/16/2017

Individualized Education Program (NJIEP) for [REDACTED]

Name: [REDACTED]

Birth Date: [REDACTED]

## IEP Meeting Participants

Please sign in the appropriate space. A signature in this section of the IEP documents participation in the meeting and does not indicate agreement with the IEP. If a required member of the IEP team has been excused from participating in the meeting with parental consent, note the excusal in the required team member's space.

Participants	Name	Signature	Date
Student, if appropriate or required:			
Parent:	[REDACTED]		
Parent:	[REDACTED]		
General Education Teacher:	Tamara Wubbenhorst		
Special Education Teacher:	David Ehasz		
Child Study Team Member:	Sherry Wilk		
Case Manager (may be the CST member above):	Sherry Wilk		
School Representative (may be the CST member or other appropriate school personnel):	Betina Goldberg-Rappoport		
Specialist:			
Specialist:			
Guidance Counselor:	Joseph Cusack		

5/16/2017 Name: [REDACTED] Birth Date: [REDACTED]

Present Levels of Academic Achievement and Functional Performance

Consider relevant data. List the sources used to develop this IEP.

- Report Cards
- Teacher Feedback
- Parent Report
- Recent Evaluation
- Standardized Test
- Tracking Sheets
- Progress Reports
- Results HSPA Scores

Describe the concerns of the parent:

Mr. and Mrs. [REDACTED] have expressed concern about the need to provide [REDACTED] an adequate level of social and emotional support while ensuring that she is receiving academic instruction at a level that is commensurate with her potential.

Describe the present levels of academic achievement and functional performance including how the student's disability affects his or her involvement and progress in the general education curriculum. For preschool children, as appropriate, describe how the disability affects the child's participation in appropriate activities [N.J.A.C. 6A:14-3.7(e)1].

4-8-17 Initial IEP Meeting

[REDACTED] and her mother and father participated in the development of the IEP. This IEP meeting was held in order to discuss her current academic progress, and develop her educational program for the remainder of this school year and for the next school year.

[REDACTED] is currently a 10<sup>th</sup> grade student in a general education program at West Morris Central High School. She is taking French 2, Geometry, US History 2, English 2, and Chemistry, all at the Advanced level. Last year in 9<sup>th</sup> grade, [REDACTED]'s core academic classes were at the Advanced level, and her grades ranged from "A" to "B-." In 8<sup>th</sup> grade, she was absent 19 times, with grades in core subjects ranging from "B" to "C+." She has been receiving Home Instruction since 10/24/16, per recommendation from her psychiatrist. A 504 plan was implemented for her effective 12/7/16.

[REDACTED] was hospitalized on 9/22/16 at Immediate Care Children's Psychiatric Center, for depression and anxiety. She subsequently attended the partial care program, where she received counseling and academic tutoring. It was reported that she improved in the small, therapeutic school environment, where she received individualized attention. On 10/17/16, she was released from the program and cleared to return to school. After attending WMCHS for two days, she refused to go back to school.

[REDACTED] has been diagnosed by the Immediate Care Children's Psychiatric Center as having Major Depressive Disorder, recurrent, severe, without psychotic features, as well as with Generalized Anxiety Disorder. She is currently taking Prozac and Wellbutrin. The Center is recommending that she be educated in a smaller and more therapeutic environment so that she could continue progressing with her anxiety, depression, and school functioning.

PSYCHIATRIC EVALUATION SUMMARY: Immediate Care Psychiatric Center (3/15/17)

[REDACTED]'s psychiatric issues specifically, pervasive mood disturbances, avoidance behaviors even when not under stress, along with irrational fears and anxiety secondary to school issues, all collectively at this time are directly impacting learning and ability to maintain and build satisfactory interpersonal relationships.

PSYCHOLOGICAL EVALUATION SUMMARY: Sherry J. Wilk, MA (1/19/17):

Relative to children of comparable age, [REDACTED]'s current general level of cognitive ability is estimated to be within the average range of intellectual functioning on a standardized measure of intellectual functioning. Her overall thinking and reasoning abilities exceed those of approximately 61% of individuals her age (FSIQ = 104; 95% confidence interval = 100-108). Her general verbal comprehension abilities were in the high average range (VCI = 116), and her general perceptual reasoning abilities were in the average range (PRI = 107). [REDACTED]'s ability to sustain attention, concentrate, and exert mental control is in the low average range (WMI = 86). [REDACTED]'s ability in processing simple or routine visual material without making errors is in the average range when compared to her peers (PSI = 94). She performed slightly better on verbal than on nonverbal reasoning tasks, but there is no meaningful difference between [REDACTED]'s ability to reason with and without the use of words. Also, as she performed much better on some verbal tasks than others. Furthermore, due to variability between the two subtests that compose the PSI, caution is warranted when interpreting this index score. Significant specific strengths include orally defining vocabulary words, knowledge of isolated facts/information, and analysis and synthesis of abstract visual stimuli and nonverbal reasoning. A significantly weaker specific skill involves the interplay of visual memory and discrimination, attentiveness to visual tasks, processing speed, visual-motor organization, and cognitive adaptability. Moreover, another significant weakness involves her auditory short-term memory. The latter specific skills score at a Borderline level.

[REDACTED] struggles with anxiety and depression, and has a fear of academic failure. She has limited insight into her difficulties, feels helpless, and likely has limited problem-solving abilities. She does feel her family is supportive of her. As compared to her peers, [REDACTED] rates herself as not having any noteworthy difficulties in a number of areas including sensation seeking, atypicality, locus of control, attention problems, hyperactivity, relations with parents, self-reliance, test anxiety, anger control, and mania. However, [REDACTED] rates herself within the At-Risk range in attitude to school, social stress, anxiety, depression, sense of inadequacy, somatization, self-esteem, and ego strength. Furthermore, [REDACTED] rates herself in the Clinically Significant range in attitude to teachers, interpersonal relations.

As compared to her peers, [REDACTED] is rated by her parent as having typical adolescent behaviors in a number of areas, including: hyperactivity, aggression, conduct problems, somatization, atypically, attention problems, and social skills, activities of daily living, anger control, bullying, emotional self-control, and executive functioning. However, [REDACTED]'s parent rates her within the At-Risk range in anxiety, adaptability, leadership, functional communication, social development, and negative emotionality. Furthermore, [REDACTED]'s parent rates her in the Clinically Significant range

**SOCIAL HISTORY SUMMARY:** Betina Goldberg-Rappoport, LCSW,MSW (1/18/17)

**ELIGIBILITY: 4/8/17** **CLASSIFICATION: ED**

**N/A**

Due to [REDACTED]'s disability and difficulties this school year, she has taken a reduced course load during her sophomore year.

In addition, consider each special factor identified in N.J.A.C. 6A:14-3.7(c). (The Need for consultation; Behavioral needs; Language needs; Communication needs; Auditory needs; Need for assistive technology devices and services; and visual needs.). If in considering the special factors, the IEP team determines that the student needs a particular device or service (including an intervention, accommodation or other program modification) to receive a free, appropriate public education, the IEP must include a statement to that effect in the appropriate section. If a factor is not applicable, note as such.

<http://www.annualreport.com/template/print.aspx?template=39&doc=24464&sec=375&child=0&origin=Q&prdoc=Y>

**Birth Date:** [REDACTED]

**Beginning with the IEP in place for the school year when the student will turn age 14, or younger, if appropriate, develop the long-range educational plan for the student's future. Review annually.**

is an intelligent, articulate young lady. She is interested in attending college after high school.

**Post-Secondary Education:**

*Including, but not limited to, college, vocational training and continuing and adult education.*

**is interested in attending college after High School.**

## Undecided

**Including, but not limited to, recreation and leisure activities, and participation in community organizations.**

**Anticipated**

**Considering the student's interests, preferences, and desired post secondary goals, list the specific courses of study for the period of time covered by this IEP. Include both general education and special education courses. When appropriate, identify the courses of study projected for future years.**

English 1 (AV)  
US History 1 (AV)  
French 1 (AV)  
Algebra 1 (AV)  
Biology (AV)  
Band (AC)  
Phys Ed 9  
Health 9

is currently working on the following courses with home instructors:

English 2 (AV)  
Chemistry (AV)  
US History 2 (AV)  
Geometry (AV)  
French 2 (AV)

**At this time, it is being proposed that [REDACTED] begin to gradually transition to a less restrictive placement within the Mendham Behavioral Support Program for a half day, afternoons only. [REDACTED] will continue to work towards completion of the courses she is currently working on, however, attempts will be made to conduct the tutoring sessions within the school environment. Also, it is being recommended that [REDACTED] should transition to taking English with her peers in a small class setting within the behavioral support program. French and Chemistry will continue to be delivered through home instruction.**

English 3 (AV) (BSP)  
World History (AV) (BSP)  
French 3 (AV)  
Algebra 2 (AV)  
Environmental Science (AC) (BSP)  
Phys Ed 11  
Health 11  
Band (AC)  
Out of Class Support (BSP)

**Culinary Arts (AC)**  
**World Cuisine (AC)**

still needs to complete, Driver's Theory, Physical Education 10, 5 Credits of Career Education and 2.5 Credits of Economic Literacy prior to graduation.

**Grade** \_\_\_\_\_ **Courses of Study (List Course Names):** \_\_\_\_\_

**Related Strategies and/or Activities:**

*In addition to the courses listed above, list related strategies and/or activities that are consistent with the student's strengths, interests, and preferences, and are intended to assist the student in developing or attaining postsecondary goals related to training, education, employment and, if appropriate, independent living.*

Name: [REDACTED]

Birth Date: [REDACTED]

### Statement of Consultation

☒ Information/advice is needed from the Division of Vocational Rehabilitation Services or other agency or agencies. List the name of any agency from which consultation is needed:  
It is anticipated that [REDACTED] may benefit from DVRS upon her graduation from High School. This service will be considered closer to that time.

**Name of the school staff person(s) who will be the liaison to post-secondary resources:**

Kendra Dickerson

### Statement of Needed Interagency Linkages and School District Responsibilities

*As appropriate to the anticipated needs of the student, list all agencies to which the student will be referred by the school district liaison to postsecondary resources in the spaces below. List the responsibility of the school district and/or student/parent(s) with respect to contacting each agency listed and providing needed information or documentation to each such agency.*

**Agency:**

DVRS

**School district responsibilities:**

Provide information for post-secondary planning.

**Student/parent responsibilities:**

If appropriate, register with DVR.

Name: [REDACTED]

Birth Date: [REDACTED]

## Statement of Transition Services Needed to Attain Measurable Postsecondary Goals: Coordinated Activities/Strategies

Beginning with the IEP in place for the school year when the student will turn age 16 or younger, if appropriate, complete the following multi-year plan for promoting movement from school to the student's desired post-school goals. The student's needs, strengths, interests and preferences in each area (instruction, community experiences, etc.) must be considered, and responsibilities should be shared among participants (student, parent, school staff, outside agencies, employers, etc.).

Activities/Strategies Related to Measurable Post-Secondary Goals	Expected Date of Implementation	Person or Agency Arranging and/or Providing Services
<b>Instruction-Post-Secondary Education/Training</b>		
[REDACTED] will continue to take courses at a college prep level in order to work towards completion of her graduation requirements and to develop college readiness. Many of these courses can be delivered within the Behavioral Support Program at Mendham High School in order to provide [REDACTED] with a smaller classroom environment and more individualized instruction.	04/24/2017	Student Parent/Guardian CST Guidance
<b>Related Services</b>		
School Based Counseling, 1x per week for 30 minutes. Additional school counseling may be provided at [REDACTED]'s request.	04/24/2017	Student CST
<b>Community Experiences</b>		
[REDACTED] is encouraged to participate in social and recreational events both at school and within her local community. She may wish to begin to visit college campuses and meet with student support services in preparation for after she has graduated from high school.	04/24/2017	Parent/Guardian Student WMRHSD
<b>Adult Living Objectives</b>		
It is anticipated that [REDACTED] will take the course Driver's Theory during her junior year in order to work towards obtaining her driver's license.	04/24/2017	Student Guidance
<b>Employment</b>		
Service was considered, but is not needed		
<b>Daily Living Skills</b>		
Service was considered, but is not needed		
<b>Functional Vocational Evaluation</b>		
Service was considered, but is not needed		

5/18/2017

Individualized Education Program (NJIEP) for [REDACTED]

Birth Date: [REDACTED]

Name: [REDACTED]

**Transfer of Rights at Age of Majority****OPTION I:**

At least three years before the student reaches age 18, a statement that the student and the parent(s) have been informed of the rights that will transfer to the student on reaching the age of majority, unless the parents obtain guardianship [N.J.A.C. 6A:14-3.7(e)14]. The district may use the following description to document that the student and parents have been informed of the rights that will transfer. The IEP team may include this statement at age 14 when transition planning begins.

On 01/03/2019, [REDACTED] will turn age 18 and become an adult student. The following rights will transfer to [REDACTED]:

- The school district must receive written permission from [REDACTED] before it conducts any assessments as part of an evaluation or reevaluation and before implementing an IEP for the first time.
- The school must send a written notice to [REDACTED] whenever it wishes to change or refuses to change the evaluation, eligibility, individualized education program (IEP), placement, or the provision of a free, appropriate public education (FAPE).
- You, the parent(s), may not have access to [REDACTED]'s educational records without her consent, unless she continues to be financially dependent on you.
- The district will continue to provide you, the parent(s), with notice of meetings and of any proposed changes to your adult child's program.
- Any time [REDACTED] disagrees with her special education program, she is the only one who can request mediation or a due process hearing to resolve any disputes arising in those areas.

If [REDACTED] wishes, she may write a letter to the school giving you, the parents, the right to continue to act on her behalf in these matters.

**OPTION II:**

At least three years before the student reaches age 18, a statement that the student and the parent(s) have been informed of the rights that will transfer to the student on reaching the age of majority unless the parent(s) obtain guardianship [N.J.A.C. 6A:14-3.7(e)14]. The district may inform the student and the parent(s) by letter of the rights that will transfer. If a letter is used, complete the following:

- ☒ [REDACTED] was informed in writing on 04/06/2017 of the rights that will transfer to her at age eighteen.
- ☒ [REDACTED] was informed in writing on 04/06/2017 of the rights that will transfer at age eighteen.

5/16/2017

Individualized Education Program (NJIEP) for [REDACTED]

Name: [REDACTED]

Birth Date: [REDACTED]

**Behavioral Interventions**

*N.J.A.C. 6A:14-3.7(c)4 requires consideration of behavioral needs. If behavior impedes the student's learning or the learning of others, the IEP team must consider, when appropriate, strategies, including positive behavioral interventions and supports to address that behavior. When needed, a behavior intervention plan must be included in the IEP. The following are suggested topics:*

**Target behavior:**

School Attendance

**Documentation of prior interventions and student response:**

A 504 Plan had been previously developed in order to provide [REDACTED] with accommodations. Despite this intervention, [REDACTED] continued to have difficulties attending school.

**Description of the positive supports/interventions, including the conditions under which the supports/interventions will be implemented:**

It is being recommended that [REDACTED] have classes within the Behavioral Support Program. A reward system is built into this program in which students can earn field trips for consistent attendance and completion of academic work.

**Procedures for data collection to evaluate the effectiveness of the interventions:**

Teacher and case manager will collect all data.

**Conditions under which the supports/interventions are changed:**

These supports will be reviewed and adjusted with the CST team once [REDACTED] is demonstrating more consistent school attendance.

**Conditions under which the supports/interventions will be terminated:**

The interventions may be terminated if mutually agreed upon by the student, parents, teacher and case manager.

**Parental involvement:**

Parent/Teacher/Student Meeting as needed.

CST Meetings

Name: [REDACTED]

Birth Date: [REDACTED]

## Goals and Objectives

### ACADEMIC AND/OR FUNCTIONAL AREA:

#### ANNUAL MEASURABLE ACADEMIC AND/OR FUNCTIONAL GOAL:

#### BENCHMARKS OR SHORT TERM OBJECTIVES:

#### CRITERIA

#### EVALUATION PROCEDURES

Objective:

### ACADEMIC AND/OR FUNCTIONAL AREA:

Social / Emotional

#### STANDARD:

Standard 9.2 (Consumer, Family and Life Skills) All students will demonstrate critical life skills in order to be functional members of society.

#### ANNUAL MEASURABLE ACADEMIC AND/OR FUNCTIONAL GOAL:

[REDACTED] will increase her ability to manage anxiety pertaining to school related functioning.

#### BENCHMARKS OR SHORT TERM OBJECTIVES:

#### CRITERIA

#### EVALUATION PROCEDURES

Objective:

[REDACTED] will be able to identify and articulate 2-3 triggers of anxiety.

2-3 triggers of anxiety will be identified 80% of time when feeling anxious.

Clinical record from counseling sessions

Objective:

[REDACTED] will learn to use an anxiety scale to gauge and measure the strength of her emotional reactions to triggers.

Anxiety scale will be used 100% of time when feeling anxious.

Clinical record from counseling sessions

Objective:

[REDACTED] will identify up to 3 strategies (ie. Mindful Tool) that can be used to reduce anxiety.

Strategies will be identified and used 100% of instances when feeling anxious.

Clinical record from counseling sessions

Objective:

[REDACTED] will increase attend at school in accordance with her schedule.

Attend school with 80% frequency

Attendance record

Objective:

[REDACTED] will seek support when feeling anxious.

Support will be sought 100% of time when feeling overwhelmed by anxiety.

Student Interview

Name: [REDACTED]

Birth Date: [REDACTED]

**Modifications/Supports/Progress Reports****MODIFICATIONS AND SUPPLEMENTARY AIDS AND SERVICES IN THE GENERAL EDUCATION CLASSROOM**

State the modifications for the student to be involved and progress in the general education curriculum and be educated with nondisabled students. State the supplementary aids and services that will be provided to the student or on behalf of the student [N.J.A.C. 6A:14-3.7(e)4]. Identify any assistive technology devices and services to be provided. Attach additional pages as necessary.

State the modifications to enable the student to participate in the general education curriculum.

State the supplementary aids and services.

Extended time on tests and quizzes.

Permit [REDACTED] to meet with the school counselor upon her request.

Allow frequent breaks

Provide structure and interim due dates for long term assignments.

Provide frequent feedback regarding [REDACTED]'s academic work.

**MODIFICATIONS AND SUPPLEMENTARY AIDS AND SERVICES IN THE SPECIAL EDUCATION CLASSROOM**

If the student will not be participating in the general education classroom, state the modifications and supplementary aids and services to enable the student to be involved and progress in the general education curriculum in the special education classroom. Identify any assistive technology devices and services to be provided. Attach additional pages as necessary.

State the modifications to enable the student to participate in the general education curriculum.

State the supplementary aids and services.

Extended time on tests and quizzes.

Permit [REDACTED] to meet with the school counselor upon her request.

Allow frequent breaks

Provide structure and interim due dates for long term assignments.

Provide frequent feedback regarding [REDACTED]'s academic work.

**Supports for School Personnel**

State the supports for the school personnel that will be provided for the student [N.J.A.C. 6A:14-3.7(e)4].

Case Manager will monitor progress and communicate with parents as needed.

Parent/Teacher conferences as needed.

Staff receives in service training.

Staff receives ongoing opportunities for professional development.

**Progress Reporting**

State how the parents will be regularly informed of their student's progress toward the annual goals [N.J.A.C. 6A:14-3.7(e)16].

Method:

Schedule:

Annual Review

Individual student progress as reported by teacher, IEP meetings, tests and exams and informal conferences.

Annually

Parents will have access to [REDACTED]'s grades on an ongoing basis via PowerSchool.

Name: [REDACTED]

Birth Date: [REDACTED]

## Special Education Determinations

Document length of school day, if different from length of regular school day [N.J.A.C. 6A:14-4.1(c)].

Statement of student's transition from elementary to secondary program [N.J.A.C. 6A:14-3.7(e)10].

At this time, Jenna is receiving home instruction. It is recommended that [REDACTED] continue with home instruction in the morning and begin attending West Morris Mendham High School Behavioral Support Program in the afternoon. [REDACTED] will have a shortened school day from 11:30am-2:35pm.

Transfer to high school program with same age peers.

Determine whether the student needs an extended school year (ESY) program. An extended school year program is provided in accordance with the student's IEP when an interruption in educational programming causes the student's performance to revert to a lower level of functioning and recoupment cannot be expected in a reasonable length of time. [N.J.A.C. 6A:14-4.3(c)]. List relevant factors considered in determining whether the student needs an ESY program.

[REDACTED] is currently receiving home instruction and is scheduled to attend MHS from 11:30 to 2:35. It is recommended that [REDACTED] participate in the ESY program at MHS on Tuesdays and Thursdays from 11:30-2:30 p.m. in order to receive instruction in core mathematics and English skills. This will allow [REDACTED] to continue to receive academic instruction and counseling during the summer months.

If required, describe the ESY program:

[REDACTED] requires an extended school year program.

The ESY will consist of instruction in core language arts and math skills two days per week for a total of 3 hours per day. Counseling will be provided weekly during the duration of the 5 week program.

## District and State Assessment

### Participation in District and State Assessment Program

Assessment	Modifications / Accommodations [N.J.A.C. 6A:14-3.7(e)7]	If the student will not be participating in a subject area or areas of a districtwide or Statewide assessment, explain why that assessment is not appropriate [N.J.A.C. 6A:14-3.7(e)7].	State how the student will be assessed if the student will not participate in Statewide or districtwide assessment.
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District Assessment:

District Assessments

Small group  
Preferential Seating  
Extended time  
Frequent Breaks  
Directions Clarified and Repeated

State Assessments:

HSPARCC

☒ Language Arts  
☐ Mathematics

Accessibility Features

- Frequent Breaks
- Small Testing Group
- General Administration Directions Clarified
- General Administration Directions Read Aloud and Repeated as Needed

Timing and Scheduling

- Extended Time (UAF- universal accessibility feature)

DLM

☐ Language Arts  
☐ Mathematics

HSPARCC

☐ Language Arts  
☒ Mathematics

Accessibility Features

- Frequent Breaks
- Small Testing Group
- General Administration Directions Clarified
- General Administration Directions Read Aloud and Repeated as Needed

Timing and Scheduling

- Extended Time (UAF- universal accessibility feature)

DLM

☐ Language Arts  
☐ Mathematics

5/16/2017

Individualized Education Program (NJIEP) for [REDACTED]

Name: [REDACTED]

Birth Date: [REDACTED]

## Graduation Requirements

**Beginning at age 14, identify the State and local graduation requirements that the student will be expected to meet. The statement must be reviewed annually. If the student is exempted from meeting any of the graduation requirements that all students are expected to meet or if any of the requirements are modified, provide a rationale below and list any alternate proficiencies the student is expected to achieve.**

State the Graduation Requirement:	If the student is NOT exempt from the requirement, place a check in the box.	If the student is exempt from meeting the graduation requirement, provide a rationale for the exemption [N.J.A.C. 6A:14-3.7(e)9]].
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### Attendance:

Due to her disability, [REDACTED] may exceed the number of absences specified and will require an extension of the attendance policy. Medical documentation to be reviewed by the attendance committee.	<input type="checkbox"/>	Due to chronic anxiety, depression and panic attacks, there have been times throughout the year in which [REDACTED] has had difficulties attending school and/or has needed to miss school due to treatment. These absences, will be considered by the attendance committee and excused with proper medical documentation. Continued supplemental home instruction may be warranted in order to account for missed academic material.
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### Credit Hours:

120	<input checked="" type="checkbox"/>	
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### PARCC or Other NJDOE Approved Alternate Assessment:

Student will be held to sit for the PARCC assessments in Language Arts and Math.	<input checked="" type="checkbox"/>	
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### Other (Local Graduation Requirements):

	<input type="checkbox"/>	
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### Alternate Requirements(s):

**Provide a description of any alternate proficiencies to be achieved by the student to qualify for a State endorsed diploma [N.J.A.C. 6A:14-3.7(e)9]].**

Name: [REDACTED]

Birth Date: [REDACTED]

## Program Description

Name:	[REDACTED]	Grade:	Tenth grade
Primary Location:	West Morris Mendham High School	Primary Placement Time:	Full time students
Secondary Location:		Secondary Placement Time:	
IEP Start Date:	04/06/2017	Program Type	Grade 10
Next Year's Secondary Location:	West Morris Mendham High School	Next Year's Grade:	Eleventh grade

## Statement of Special Education and Related Services

State the special education services by instructional area. For in-class programs also state the amount of time the resource or supplementary instruction teacher is present in the general education class [N.J.A.C. 6A:14-3.7(e)4 and N.J.A.C. 6A:14-3.7(3)8]. For pull-out replacement resource and special class programs, state the amount of instruction in each subject area, which must be equal to the amount of instructional time in general education for each subject area [N.J.A.C. 6A:14-4.1(f)]. All times are approximate within the context of the daily school schedule and will be consistent with the school year calendar unless otherwise noted.

Subject	Service Start Date	Service End Date	Frequency	Duration (minutes/session)	Type of Service
English 2 (AV) BSP	04/06/2017	06/21/2017	3 times per cycle	58	Pull/out, Replacement
In/Out (BSP) CIs.Supp	04/06/2017	06/21/2017	3 times per cycle	58	Pull/out, Support
Home Instruction (Geometry, AV) delivered at home or at MHS, BSP Classroom	04/06/2017	06/21/2017	2 times per week	60	Pull/out, Replacement
Home Instruction (US History 2, AV) delivered at home or MHS, BSP Classroom	04/06/2017	06/21/2017	2 times per week	60	Pull/out, Replacement
Home Instruction (French 2, AV)	04/06/2017	06/21/2017	2 times per week	60	Home Instruction
Home Instruction (Chemistry, AV)	04/06/2017	06/21/2017	2 times per week	60	Home Instruction
English 3 (AV) (BSP)	08/28/2017	04/05/2018	3 times per cycle	58	Pull/out, Replacement
World History (AV) (BSP)	08/28/2017	04/05/2018	3 times per cycle	58	Pull/out, Replacement
Environmental Science (AC) (BSP)	08/28/2017	04/05/2018	3 times per cycle	58	Pull/out, Replacement
In/Out (BSP) CIs.Supp	08/28/2017	04/05/2018	3 times per cycle	58	Pull/out, Support

### Additional Special Education Program Information:

It is proposed that [REDACTED] will continue to receive home instruction, with a gradual return to a less restrictive setting at Mendham High School, within the Behavioral Support Program. [REDACTED] will be expected to attend afternoons only for the remainder of the 2016-2017 school year. Transportation will be provided to bring [REDACTED] to Mendham High School. It is anticipated that [REDACTED] will attend a full day program for the 2017-2018 school year.

## Related Services

State the related services [N.J.A.C. 6A:14-3.7(e)4]. Include, as appropriate, a statement of integrated therapy services to be provided. Specify the amount of time the therapist will be in the classroom. If speech-language services are included, specify whether the services will be provided individually or in a group. Specify the group size. [N.J.A.C. 6A:14-3.7(e)5, N.J.A.C. 6A:14-3.7(e)8 and 6A:14-4.4(a)1].

Service	Start Date	End Date	Frequency	Duration (minutes/session)	Provider	Location
Individual Counseling services	04/06/2017	08/03/2017	1 time per week	30	CST	Counseling Room
Transportation service	04/06/2017	06/21/2017				PM only, to Mendham High School
Individual Counseling services	08/28/2017	04/05/2018	1 time per week	30	CST	Counseling Room

### Additional Related/Intensive Service Information:

Name: [REDACTED]

Birth Date: [REDACTED]

## Notice Requirements for the IEP and Placement

*This form describes the information required in each of the components of written notice for an IEP meeting. The written notice includes the IEP as a description of the proposed action and a description of the procedures and factors used in determining the proposed action.*

**Describe the proposed action [N.J.A.C. 6A:14-2.3(g)1] and explain why the district has taken such action [N.J.A.C. 6A:14-2.3(g)2].**

The development of a new IEP is being proposed as mandated by state code.

**The attached IEP describes the proposed program and placement and was developed:**

☒ as a result of an initial evaluation and determination of eligibility.

☐ as a result of an annual review.

☐ as a result of an amendment.

☐ as a result of a reevaluation.

☐ in response to a parental request.

☐ to propose a change in placement.

☐ to review the behavioral intervention plan.

☐ Other:

**Describe any options considered and the reasons those options were rejected [N.J.A.C. 6A:14-2.3(g)3].**

Mr. and Mrs. [REDACTED] have requested that [REDACTED] be allowed to attend Fusion Academy, a private alternative high school for students that is not a New Jersey approved special education program. This option was rejected by the district as it offers students a 1:1 learning experience, which is highly restrictive. Additionally, this program does not offer therapeutic support on campus.

**Describe the procedures, tests, records or reports and factors used in determining the proposed action [N.J.A.C. 6A:14-2.3(g)4].**

The sources of information used to develop the proposed IEP are listed in the present levels of performance.

**If applicable, describe any other factors that are relevant to the proposed action [N.J.A.C. 6A:14-2.3(g)5].**

Name: [REDACTED]

Birth Date: [REDACTED]

## Rationale for Removal from General Education

Decisions regarding placement are based on the individual needs of students and must begin with consideration of the general education setting. The purpose of this page is to document the discussions that have occurred with respect to accommodations, modifications, and supplementary aids and services in each academic or functional area that are necessary to educate the student in the general education setting.

If the student will be included in the general education setting for more than 80% of the time, no rationale is required. Items 1 through 3 of this section of the IEP need not be completed or included in the student's IEP.

If a student will not be included in the general education setting for more than 80% of the time, items 1 through 3 below **MUST** be completed for each CONTENT/SUBJECT AREA.

**1. Identify the supplementary aids and services that were considered to implement the student's annual goals. [N.J.A.C. 6A:14-4.2(a)8i]. Explain why they are not appropriate to meet the student's needs in the general education class:**

In order to determine an appropriate academic program for [REDACTED], it is important to take into account her academic strengths, emotional difficulties and future goals. Given these factors, a continuum of services and supports have been considered in order to address her educational needs within the least restrictive environment. [REDACTED] has tried returning to general education classes with supports such as extended time, frequent breaks, and opportunities to meet with her guidance counselor and/or the CST team. Despite these supports, consistent school attendance still proved difficult for [REDACTED]. The class size and school environment at West Morris Central High School has been challenging for her. Having a fresh start at Mendham High school with different peers is suggested at this time.

**2. Document the comparison of the benefits provided in the regular class and the benefits provided in the special education class [N.J.A.C. 6A:14-4.2(a)8ii].**

Regular education classes would provide [REDACTED] with maximum exposure to the general education curriculum and materials. This setting also allows for learning from peer models and increased opportunities for social interaction.

The benefit from working in the behavioral support program classes is that this setting provides a calmer environment, where student anxiety can be more quickly identified and addressed. In this setting, there is a low student to teacher ratio and the instruction and academic pace can be modified to meet [REDACTED]'s needs. A reward system, focusing on positive behavioral support is also used to help foster social connections and encourage academic motivation.

**3. Document the potentially beneficial or harmful effects which a placement (in the general education class) may have on the student with disabilities or the other students in the class [N.J.A.C. 6A:14-4.2(a)8iii].**

If placed in a less restrictive, general education setting, [REDACTED] may continue to experience a high level of anxiety leading to continued school absences. Without individualized strategies to provide her with academic and emotional support, [REDACTED] may fall behind academically and may have difficulties maintaining social connections. These harmful effects outweigh the potential gains from being strictly within the general education environment. The potential benefits of the Behavioral Support Program and continued home instruction are described above.

## Modifications in Extracurricular and Nonacademic Activities

State the modifications that will be provided to enable the student to participate in extracurricular and nonacademic activities [N.J.A.C. 6A:14-3.7(e)4ii]. Explain the extent, if any, to which the student will not participate with nondisabled peers in extracurricular activities and nonacademic activities [N.J.A.C. 6A:14-3.7(e)6]. In addition, for students in an out-of-district placement, delineate how the student will participate with nondisabled peers in extracurricular and nonacademic activities including, if necessary, returning the student to the district in order to facilitate such participation [N.J.A.C. 6A:14-3.7(e)17].

All extracurricular activities are available to [REDACTED].

Name: [REDACTED]

Birth Date: [REDACTED]

**Document the Placement Decision According to the Following Categories (Check ONLY ONE box):**

**\* NOTE:** In accordance with federal data collection requirements, a student in an out-of-district segregated placement for 50% or more of the school day must be reported as being in that setting for the entire day, regardless of whether the student is in a general education setting for the remainder of the school day.

**Students with Disabilities Ages 6-21:**

- ☐ In the presence of General Education Students for 80% or more of the entire school day
- ☐ In the presence of General Education Students between 40% and 80% of the entire school day
- ☒ In the presence of General Education Students for less than 40% of the entire school day
- ☐ Public Separate School (In buildings with NO General Education Students)\*
- ☐ Private School for the Disabled (Only day educational costs paid by the district)\*
- ☐ Private Residential School for the Disabled (BOTH day and residential costs paid by the district)
- ☐ Home Instruction
- ☐ Public Residential Facility (For reporting by State Agencies ONLY – Department of Human Services, Department of Children and Families; Department of Corrections; Juvenile Justice Commission)

**Transition Planning for Students in Separate Settings**

*For students in a separate setting (for all or part of a school day), set forth activities necessary to move the student to a less restrictive placement. A separate setting is defined as a building without general education students.*

[REDACTED] is currently receiving home instruction for all of her academic classes. In this restrictive environment [REDACTED] has limited exposure to same-age peers. At this time, it is being proposed that [REDACTED] meet with some of her tutors within the school environment of the behavioral support program at Mendham High School. In order to do so, school based counseling is being recommended. [REDACTED] will have the continuity of having the same tutors that she had been previously working with in order to minimize anxiety. In addition, it is being recommended that [REDACTED] take English and Out of Class Support within the BSP program. By having the tutoring take place within the school environment and English and Out of Class Support, [REDACTED] will have greater opportunities to meet with same age peers.

Name: [REDACTED]

Birth Date: [REDACTED]

## Procedural Safeguards Statement

As the parent of a student who is, or may be determined, eligible for special education services or as an adult student who is, or may be determined, eligible for special education, you have rights regarding identification, evaluation, classification, development of an IEP, placement and the provision of a free, appropriate public education under the New Jersey Administrative Code for Special Education, N.J.A.C. 6A:14. A description of these rights, which are called procedural safeguards, is contained in the document, *Parental Rights in Special Education (PRISE)*. This document is published by the New Jersey Department of Education.

A copy of PRISE is provided to you upon referral for an initial evaluation, when a disciplinary action that constitutes a change in placement is imposed by your school district, and the first time a due process hearing or complaint investigation is requested. In addition, a copy will be provided to you at your request.

### To obtain a copy of PRISE, please contact:

#### Phone #

School District Office or Personnel:

David Leigh, Director Special Services

908 879-6404 ext. 1477

### For help in understanding your rights, you may contact any of the following:

School District Representative:

David Leigh

908 879-6404 ext. 1477

Statewide Parent Advocacy Network (SPAN)

(800) 654-7726

NJ Protection and Advocacy, Inc.

(800) 922-7233

County Supervisor of Child Study:

Sandra Gogerty

973-285-8336

Document 13-18 Filed 11/7/13  
Individualized Education Program (NJIEP) for

**Consent for Initial IEP Implementation:**  
Your signature is required to implement the IEP.

1 I, We have received a copy of the proposed IEP and give consent for the IEP services to start.  
2 I, We have received a copy of the proposed IEP and do not give consent for IEP services to start.

**04/06/2017**  
**Date**

**Intervention & Referral Services  
WEST MORRIS CENTRAL HIGH SCHOOL  
Four Bridges Road  
Chester, New Jersey**

**504 Student Accommodation Plan**

**Name:** [REDACTED]

**Birth Date:** [REDACTED]

**Grade:** 10

**Guidance Counselor:** Cusack

**Date of Meeting:** 12-07-2016

**Nature of Concern:**

- [REDACTED] was diagnosed with Depression on 10-17-16 and has been in an Partial Care program at Immediate Care Children's Psychiatric Center since that date. She is now ready to gradually return to West Morris Central and will need 504 accommodations to assist with this transition.

**Determination of Handicap:**

- Depression as diagnosed by Dr. Srinivasan.

**How Handicap Affects a Major Life Activity:**

- Depression has negatively impacted her attendance and her ability to complete assignments and tasks necessary for the basic life function of learning.
- Missed days due to her depression has now caused anxiety during the school day and at home.

**Reasonable Accommodations:**

- Extended time on quizzes and tests.
- [REDACTED] may take assessments in a private setting.
- [REDACTED] may access the nurse as needed.
- Maintain home tutoring until Jenna is caught up with Q1 work.

- [REDACTED] will be issued a "walking pass" to take breaks from class when she is feeling a high level of anxiety.
- [REDACTED] may utilize the Zen Zone when it is available for meditation, deep breathing, and mindfulness exercises to help ease her anxiety.
- [REDACTED] may access an counselor when necessary.

**Review Date:** September 2017

<b>Participants:</b>	<b>Signatures:</b>
Parent:	
Student:	
I&RS Member:	
Counselor:	
Administrator: Anne P. Meagher	
Director of Special Services: David Leigh	
Other	

**Please sign included Parental Rights Notice**

CC: Parent  
I&RS Monitor  
Principal/Assistant Principal  
Guidance Counselor  
Director of Special Services

**Parental Rights Under Section 504:**

Parental Rights Under Section 504:

1. Section 504 of the Rehabilitation Act is a nondiscrimination statute barring discrimination on the basis of one's disability.
2. It is the policy of the school district not to discriminate on the basis of disability in its educational programs, activities or employment policies as required by the Act.

3. The Act requires the school district to locate, evaluate and determine if the student is a qualified individual requiring accommodation necessary to provide access to educational programs.
4. Parents are entitled to have the opportunity to review relevant educational records under the Family Education Rights and Privacy Act (FERPA).
5. Parents or guardians disagreeing with the decisions reached by school personnel for accommodations necessary for access to educational programming and/or facilities may request a hearing before an impartial hearing officer by notifying the school principal.
6. The designated school district Section 504 Coordinator is:  
Dr. David Leigh  
West Morris Admin Bldg  
4 Bridges Road  
Chester, NJ 07930  
Phone: (908) 879-6404 x1477
7. Building Principal is:  
Mr. Steve Ryan  
West Morris Central High School  
259 Bartley Road  
Chester, NJ 07930  
Phone: (908) 879-5212 x3320

cc: WMC or WMM Building Administrators

The above information has been explained and a copy given to me.

Signature of Parent or Guardian:

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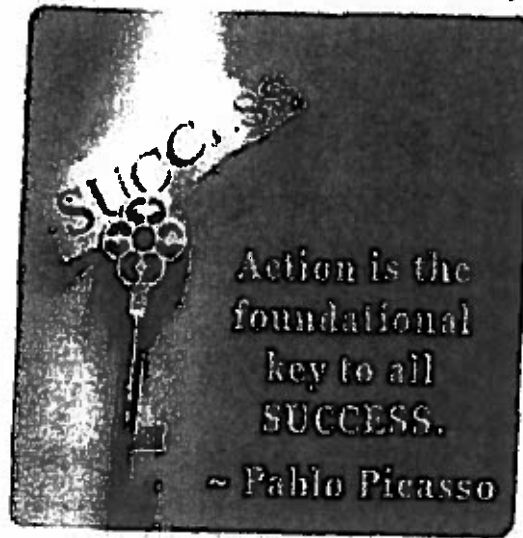
Signature of Case Monitor:

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Date:

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## *Mendham High School Being Successful Program (BSP)*



### **BSP Teachers**

Stephen Balg

Michelle Jaross

Jessica LoScalzo

Stephanie Torr

### **BSP CST Support**

Tracy Costa

Fred Fell

Allison Michno

Kathleen Bradshaw

### **Speech**

Marla Guariglia

### **Vice Principal**

Janet Slover

### **Director of Special Services**

Michael Reinknecht

**Mission Statement:**

While the high school years provide tremendous opportunity for growth, there are students who struggle to identify a secure and comfortable niche, connect to teachers in a positive manner, and achieve academically at a level that is commensurate with potential. The purpose of implementing the BSP is to provide students manifesting challenges in the social, emotional, and behavioral realm an opportunity to develop skills needed to connect to peers and teachers in a positive manner, thus creating an outlook and mindset that allows learning to take place. The program is designed to offer students both positive behavioral supports as well as counseling services so that optimal performance is obtained in all areas of functioning.

**Target Population:**

The BSP is for students in grades 9-12 who are manifesting anxiety, depression, OCD, school avoidance, social challenges, disruptive behaviors, and academic underachievement due to lack of productivity and follow through. Many of our students have demonstrated an inability to achieve success in traditional classroom settings and have a pattern of school failure that is either emerging or pervasive. These students have a need for exposure to required proficiencies using individualized approaches that are intended to engage the disaffected learner.

**Program Components:**

- Hands-on learning experiences
- Individualized approach to learning
- Small group instruction
- Behavior Modification
- Individual Counseling
- Small Group Counseling
- Focus on Transition to Post Secondary Settings
- Opportunity for SLE

**Staffing:**

The program is primarily supported by four highly qualified teachers who possess specialized skills in working with students who have struggled due to social, emotional, and behavioral challenges. Support staff includes school psychologists and social workers who will provide counseling services to students in a consistent and ongoing manner. Multiple teachers' assistants are also in every class, including one that is bilingual in Spanish to assist the students taking mainstream Spanish classes.

**Course Offerings:**

Academic courses provide students with exposure to the New Jersey Core Curriculum Content Standards. Students will be exposed to curriculum that is utilized within mainstream settings with differentiation as needed relative to pace, amount and timing. Students will have the opportunity to take the following classes at a variety of levels:

- English 1, 2, 3, 4
  - United States History 1 and 2, and World History
  - Algebra 1, Algebra 2, Geometry, and Foundations of College of Math
  - Biology, Physical Science, Integrated Earth Systems, Environmental Science
  - Adaptive Physical Education with weekly yoga
  - Out of Class Support
  - Post-Secondary Planning
  - Structured Learning Experience
- \*Course offerings change yearly based on need.

**Administrative Support:**

The Mendham High School administrative team is committed to supporting the students and staff of the BSP. The Vice-Principal in charge of special education, Ms. Janet Slover, will serve as the primary disciplinarian for students who are enrolled in the BSP program. The district recognizes the need for continuity in decision making relative to needs of students in an alternative educational program within a public school setting.

**Description of the Program:**

The Being Successful Program provides students classified with educational disabilities an alternative educational/classroom environment. The program offers structure and focuses on strengthening student behaviors such as responsibility for one's self and school assignments, socialization skills, and self-confidence. The program encompasses all aspects of learning for these students. Students enrolled in BSP may receive instruction in English, Math, History, Science, Out of Class Support, and

Post-Secondary Planning within the program. In addition, BSP students that are mainstreamed receive the necessary individual supports that increase the likelihood of success outside of their classroom. Besides focusing on academics; the program includes behavioral support, counseling, a quiet safe place for retreat and an environment that can be molded for each student's needs driven by their IEP.

**Incentive Program:**

Students can earn up to 13 points per class. There are five categories that are scored.

- Show up on time - 1 point
- Remain Alert - 2 points
- Participation - 2 points
- Respect one's self and others - 6 points
- Accomplishments - 2 points

At the end of the week, points are tallied and percentage scores are discussed with each student. If a student falls in the 69% (bronze) or lower range, there are no rewards earned.

If a student earns bronze for more than 3 weeks, he or she will not qualify for the monthly field trip. The staff will then meet with the student to discuss methods for future improvement. If the student earns the 70-79 (silver) percentage range for the week the teacher will select one Friday Earned Time activity to be withheld from the student. Students can participate in Friday Earned Time activities provided that all their work is up to date for all classes. For those students falling in the 80-89% percent range, not only can they participate in Friday Earned Time, but also can participate in a monthly field trip. Again, all missed work must be made up. Students who earn 90-100% not only get to participate in Friday Earned Time and the field trip, but receive a reward important to the individual and agreed upon by the BSP team.

This incentive program holds students accountable for mainstream classes as well. Students must have all work completed and have attended all classes outside the BSP program. Consequences will be implemented for missing classes and for missing work according to the incentive program. For example a student may have achieved the Silver level within the BSP program for the week, but may have two missing assignments in classes outside the BSP; that student will be dropped one level to Bronze. The student can regain his or her original level by making up the missing work.

**Outreach to the Mainstream:**

During the first week of school and the start of any second semester courses, an email is sent to the mainstream staff which provides contact information and the names of their students who are in BSP. The team will also communicate to the mainstream teachers the unique needs of the students and how the mainstreaming process works for our students.

Since the students in this program are struggling to cope with emotional and behavioral issues compounded by extreme anxiety in many cases, our program provides the students who are mainstreamed with the ability to complete work during the school day. This is where we need to ask for feedback from our mainstream teachers. Whenever a BSP student who is in another teacher's class misses class or fails to turn in work that is due, that teacher is instructed to follow the procedure below:

1. Put the work that is owed, or a note describing the assignment, in identified BSP teacher's mailbox. Be sure to write the date on the assignment.
2. The BSP teaching staff will make every effort to ensure that the student completes the work by the end of one week's time from the date that the assignment was given to the staff. Once the work is completed it will be returned to the classroom teacher labeled with the date of completion.

If the work is completed in one week's time, it is to be graded as if it was handed in on time. If the work is not completed and returned to you after one week, the student is to receive a zero for that assignment.

**BSP Weekly Level Accomplishments**

<b>Platinum</b>	<b>Gold</b>	<b>Silver</b>	<b>Bronze</b>
90 – 100%	80 – 89%	70 – 79%	69%
Weekly Reward Monthly Field Trip Earned Privileges to be discussed	Weekly Reward Monthly Field Trip	Weekly Reward	

The Being Successful Program Contact

I \_\_\_\_\_, am part of the Being Successful Program (BSP) at West Morris Mendham High School. I understand that there are guidelines and regulations that I should follow so that I can improve my self-discipline and educational practices.

If I choose not to follow the BSP procedures/guidelines, I am aware that there will be consequences that will directly affect my education and independence during my school day.

\_\_\_\_\_  
(Student Sign)

\_\_\_\_\_  
\_\_\_\_\_  
(BSP Team)

**Daily Behavior Tracking Points**

student	Monday	Tuesday	Wednesday	Thursday	Friday
Shows up on Time (1) Remains Alert(2) Participates (2) Respects oneself and others (6) Accomplishments (2)					
Shows up on Time (1) Remains Alert(2) Participates (2) Respects oneself and others (6) Accomplishments (2)					
Shows up on Time (1) Remains Alert(2) Participates (2) Respects oneself and others (6) Accomplishments (2)					

# ICCPC

Immediate Care  
Children's  
Psychiatric Center  
28 B Hill Road, Parsippany, NJ 07054  
TEL (973) 794-3281 FAX (973) 794-3284  
www.NJPsychCenter.com

10.20.16

To: West Morris Central H.S.  
Attention: Joe Cusack  
Re: [REDACTED]

This letter is to notify staff at West Morris High School that [REDACTED] was admitted to the partial care program that runs from 9am to 2:30pm on 10.17.16 for depression. The plan is for her to attend program for approximately two weeks. After that time, [REDACTED] will be reassessed in regards to returning to school for half day transitions and attend the IOP program here ICCPC. Due to the fact that she will be missing school, [REDACTED] will be in need of Homebound Instruction through American Tutor. If there are any further questions, please feel free to contact me. Thank you.

Sincerely,



Melissa Dolgos, LAC  
Senior Clinician  
973-794-3281 X222  
Melissad@icpsych.com



Dr. Srinivasan  
Program Psychiatrist

I.C.C.P.C. – Immediate Care Children's Psychiatric Center

Page: 2/2

To: [REDACTED]

From: OCT-20-2016 16:30

WM 049

# ICCPC


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12.2.16

To: West Morris Regional High School  
Re: [REDACTED]

This letter is to notify staff at West Morris Regional High School that the clinical team here at ICCPC has medically cleared [REDACTED] to return to school on Wednesday, December 7<sup>th</sup>. The plan is for [REDACTED] to attend West Morris Regional High School for half days from 7:30am to 11:20am and then attend ICCPC from 12pm to 2:30pm. Due to the fact that she will be missing her academic portion of school, the clinical team is also recommending that [REDACTED] continue to receive homebound instruction through American Tutor. This plan is expected to last approximately one week. After that time, the team will re-evaluate [REDACTED] to return to school for full days. The clinical team is also recommending that [REDACTED] receive a 504 plan due to her extreme anxiety regarding school. [REDACTED] stated that she would prefer to take tests in private rooms, receive a pass to take breaks and walk around when anxious, utilize the Zen room for coping skills such as meditation and deep breathing as well as having access to a counselor when needed. The team agrees with these requests. Skills that are effective for [REDACTED] are to remind her to focus in the moment, take things one step at a time, meditation and mindfulness, as well as processing situations that cause anxiety or depression. If there are any further questions, please feel free to contact me. Thank you.

Sincerely

  
Melissa Dolgos, LAC  
Senior Clinician  
973-794-3281 X222

  
Dr. Srinivasan  
Program Psychiatrist

L.C.C.P.C. -- Immediate Care Children's Psychiatric Center

WM 050

# ICCPC

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Children's  
Psychiatric Center  
28 B Hill Road, Parsippany, NJ 07054  
TEL (973) 794-3281 FAX (973) 794-3284  
www.NJPsychCenter.com

1.6.17

To: Joe Cusack

Re: [REDACTED]

This letter is to notify the child study team at West Morris High School that the clinical team is recommending that [REDACTED] be assessed and approved for an IEP. [REDACTED] struggles with major anxiety related to school work. She places a lot of pressure on herself as well as has fear of failure. [REDACTED] also struggles with depression that can involve some suicidal thoughts at times. Her depression has impacted her to the point where she has not been able to attend school due to lack of motivation and the inability to function. [REDACTED]'s anxiety has also prevented her from being able to attend a regular high school, as she feels judged, pressured and scared. In order for [REDACTED] to continue working her anxiety and depression as well as have the ability to attend school, she will need a smaller and more therapeutic environment for school. [REDACTED] greatly improved while in program due to the fact that she was able to be in a smaller class/group setting, process her feelings and emotions and receive more individualized attention for school work. She would greatly benefit from more time in a therapeutic setting to continue progressing with her anxiety, depression and function in school. If there are any questions, please feel free to contact me. Thank you.

**Diagnosis:**

**Axis I: F33.2 Major Depressive Disorder, recurrent, severe, without psychotic features; F41.1 Generalized anxiety disorder**

**Axis II: Deferred**

**Axis III: none**

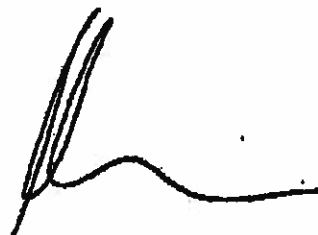
**Axis IV: Educational and social support**

**Axis V: GAF = 55**

Sincerely,



Melissa Dolgos, LAC  
Senior Clinician  
973-794-3281 X222



Dr. Srinivasan  
Program Psychiatrist

I.C.C.P.C. - Immediate Care Children's Psychiatric Center

**CLIFTON PUBLIC SCHOOLS  
SPECIAL EDUCATION DEPARTMENT**

The material contained herein is privileged, confidential and restricted to professional personnel.

**REPORT OF PSYCHOLOGICAL EVALUATION**

██  
WEST MORRIS CENTRAL HIGH SCHOOL                      GRADE: 10  
DATE OF EVALUATION: 1-19-17                      PSYCHOLOGIST: SHERRY WILK

---

**REASON FOR REFERRAL:**

██████████ was referred by her parents for a psychological evaluation as part of the assessment process (as per N. J. Administrative Code 6A: 14) to assess her current functioning levels, determine if she is eligible for Special Education and Related Services, and to help plan an appropriate educational program. Her parents are concerned about the impact her anxiety and depression has on her functioning in school.

**BACKGROUND INFORMATION:**

██████████ was hospitalized on 9/22/16 at Immediate Care Children's Psychiatric Center, for depression and anxiety. She subsequently attended the partial care program, where she received counseling and academic tutoring. It was reported that she improved in the small, therapeutic school environment, where she received individualized attention. On 10/17/16, she was released from the program and cleared to return to school. After attending WMCHS for two days, she refused to go back to school. She has been receiving Home Instruction since 10/24/16, and a 504 plan was implemented for her effective 12/7/16.

██████████ has been diagnosed by the Immediate Care Children's Psychiatric Center as having Major Depressive Disorder, recurrent, severe, without psychotic

features, as well as with Generalized Anxiety Disorder. She is currently taking Prozac and Wellbutrin. The Center is recommending that she be educated in a smaller and more therapeutic environment so that she could continue progressing with her anxiety, depression, and school functioning.

██████████ is currently a 10<sup>th</sup> grade student in a general education program at West Morris Central High School. She is taking French 2 Geometry, US History 2, English 2, and Chemistry, all at the Advanced level. Last year in 9<sup>th</sup> grade, Jenna's core academic classes were at the Advanced level, and her grades ranged from "A" to "B-." In 8<sup>th</sup> grade, she was absent 19 times, with grades in core subjects ranging from "B" to "C+."

See recent Social History Report for additional pertinent information.

#### **OBSERVATION:**

On a one-to-one basis during the testing session, ██████████ was pleasant and friendly. Although she has not been attending school, she was (almost) punctual for the evaluation appointment. She was cooperative, and completed all components of the evaluation without resistance. She was initially slightly apprehensive, but relaxed as the evaluation proceeded. She was able to focus and concentrate, and was not fidgety or easily distracted. She did not give-up easily, and persevered on the more challenging items. She rarely required clarification of instructions or repetition of directions. Nor did she make any inquiries. She executed all paper and pencil tasks in a timely fashion with due consideration given to the final product. Her manner of responding was slow, reflective and self-paced.

#### **METHODS OF ASSESSMENT:**

Wechsler Adult Intelligence Scale - Fourth Edition (WAIS-IV)

Diagnostic Interview

Information from school personnel

Review of school records

Observation

Behavioral Assessment System for Children, Second Edition (BASC-2)

- Parent Rating Scales
- Self-Report of Personality

## **ASSESSMENT RESULTS AND INTERPRETATION:**

### **Cognitive Functioning:**

██████ was administered ten subtests of the Wechsler Adult Intelligence Scale—Fourth Edition. The WAIS-IV is an individually administered battery of tests that evaluates intellectual functioning across different areas of abilities. The Full Scale score (FSIQ) is an index of general overall cognitive functioning, from which composite scores are derived. The Full Scale IQ (FSIQ) is derived from a combination of ten subtest scores and is considered the most representative estimate of global intellectual functioning.

The WAS- IV also provides a measure of four index scores: Verbal Comprehension (VCI), Perceptual Reasoning (PRI), Working Memory (WMI), and Processing Speed (PSI). The Verbal Comprehension subtests assess the child's ability to process verbal material and to use language to reason and express ideas. The Perceptual Reasoning subtests evaluate nonverbal reasoning, visual-spatial perception, and ability to process visual material. Auditory recall and attention are assessed by Working Memory subtests, and visual-motor integration and efficiency of visual processing are measured by Processing Speed subtests. Each of these index scales has a number of subtests, i.e., areas of specific/special ability or skill. The index scores are summary measures of these specific abilities.

Subtests scores (i.e., specific abilities) are compared to other children in the same age group, and provide an indication of strengths and weaknesses compared to same age peers. Subtests are also examined to determine personal strengths and weaknesses in order to understand learning style. It should be noted that a subtests score may differ from that of same age peers, but may not be a personal strength or weakness. Conversely, the score may indicate a personal strength or weakness without differing from that of the same age group.

No array of tasks can cover all aspects of ██████'s intelligence. Factors such as creativity, artistic skills, etc., are not tapped by standard intelligence tests. Furthermore, traits and attitudes such as planning, goal awareness, impulsivity, anxiety, persistence, enthusiasm, and field (in)dependence, also shape how Jenna 's abilities are expressed. It also should be noted that children develop their intellectual abilities in different ways, and have different patterns of cognitive strengths and weaknesses.

This assessment can be considered a reliable and fairly valid estimate of ██████'s current cognitive functioning. The following interpretation best describes her functioning at the present time.

**Composite Score Summary**

Scale	Composite Score	Percentile Rank	95% Confidence Interval	Qualitative Description
Verbal Comprehension	VCI 116	86	110-121	High Average
Perceptual Reasoning	PRI 107	68	100-113	Average
Working Memory	WMI 86	18	80-94	Low Average
Processing Speed	PSI 94	34	86-103	Average
Full Scale	FSIQ 104	61	100-108	Average

The FSIQ is a measure of general ability and is considered the most representative estimate of global intellectual functioning. The VCI is a measure of concept formation, verbal reasoning, and knowledge acquired from one's environment. The PRI is a measure of perceptual and fluid reasoning, spatial processing, and visual-motor integration. The WMI measures the ability to retain information in memory, perform an operation with it, and produce a result. The PSI measures the ability to quickly and correctly scan, sequence or discriminate simple visual information.

██████'s performance is evaluated in terms of her overall ability as well as patterns of composite and subtest scaled scores. Relative to children of comparable age, ██████'s current general level of cognitive ability is estimated to be within the average range of intellectual functioning on a standardized measure of intellectual functioning. Her overall thinking and reasoning abilities exceed those of approximately 61% of individuals her age (FSIQ = 104; 95% confidence interval = 100-108). She performed slightly better on verbal than on nonverbal reasoning tasks, but there is no meaningful difference between ██████'s ability to reason with and without the use of words.

**Verbal Comprehension Subtest Scores Summary**

Subtests	Scaled Score
Similarities	11
Vocabulary	13
Information	15

**Similarities:** measures verbal abstract reasoning and concept formation.

**Vocabulary:** measures word knowledge, verbal concept formation, fund of knowledge, learning ability long-term memory, and degree of language development. Best overall measure of general intelligence

**Information:** measures isolated knowledge, verbal reasoning, ability to evaluate and use past experience, and ability to demonstrate practical information.

***Perceptual Reasoning Subtest Scores Summary***

<b><i>Subtests</i></b>	<b><i>Scaled Score</i></b>
<b><i>Block Design</i></b>	<b><i>9</i></b>
<b><i>Matrix Reasoning</i></b>	<b><i>11</i></b>
<b><i>Visual Puzzles</i></b>	<b><i>14</i></b>

***Block Design:*** measures ability to analyze and synthesize abstract visual stimuli. Strong measure of nonverbal intelligence and reasoning.

***Matrix Reasoning:*** measures fluid intelligence and estimates general intellectual

***Visual Puzzles:*** measures visual processing, spatial relations, closure speed, and visualization; good measure of Perceptual Organization ability.

***Working Memory Subtest Scores Summary***

<b><i>Subtests</i></b>	<b><i>Scaled Score</i></b>
<b><i>Digit Span</i></b>	<b><i>6</i></b>
<b><i>Arithmetic</i></b>	<b><i>9</i></b>

***Digit Span:*** measures auditory short-term memory, sequencing skills, attention, and concentration.

***Arithmetic:*** measures numerical reasoning, attention, and short-term auditory memory.

***Processing Speed Subtest Scores Summary***

<b><i>Subtests</i></b>	<b><i>Scaled Score</i></b>
<b><i>Symbol Search</i></b>	<b><i>5</i></b>
<b><i>Coding</i></b>	<b><i>13</i></b>

***Symbol Search:*** measures processing speed, short-term visual memory, visual-motor coordination, cognitive flexibility, visual discrimination, and concentration.

***Coding:*** measures processing speed, short-term memory, learning ability, visual perception, visual-motor coordination, visual scanning ability, cognitive flexibility, attention and motivation.

■■■■■■'s verbal reasoning abilities as measured by the Verbal Comprehension Index (VCI) are in the high average range and above those of approximately 86% of her peers (VCI = 116; 95% confidence interval = 110-121). The VCI is designed to measure verbal reasoning and concept formation. Jenna's performance on the verbal subtests contributing to the VCI presents a diverse set of verbal abilities, as she performed much better on some verbal tasks than

others. The degree of variability is unusual and may be noticeable to those who know her well.

■■■■■ achieved her best performance among the verbal reasoning tasks on the Information and Vocabulary subtests. Her strong performances on the Information and Vocabulary subtests were better than that of most of her peers. As a direct assessment of word knowledge, the Vocabulary subtest is one indication of her overall verbal comprehension. Performance on this subtest also requires abilities to verbalize meaningful concepts as well as to retrieve information from long-term memory (Vocabulary scaled score = 13). Performance on the Information subtest also may be influenced by cultural experience and quality of education, as well as her ability to retrieve information from long-term memory (Information scaled score = 15). This subtest is primarily a measure of her fund of general knowledge

■■■■■'s nonverbal reasoning abilities as measured by the Perceptual Reasoning Index (PRI) are in the average range and above those of approximately 68% of her peers (PRI = 107; 95% confidence interval = 100-113). ■■■■■ presents a diverse set of nonverbal abilities, performing much better on some nonverbal tasks than others. The degree of variability is unusual for individuals her age and may be noticeable to those who know her well. ■■■■■'s performance was significantly better on the Visual Puzzles subtest than her own mean score. Furthermore, she performed better than most of her peers, thus demonstrating strong abilities on the Visual Puzzles subtest. Performance on this task may be influenced by visual perception, broad visual intelligence, fluid intelligence, simultaneous processing, spatial visualization and manipulation, and the ability to anticipate relationships among parts (Visual Puzzles scaled score = 14).

■■■■■'s ability to sustain attention, concentrate, and exert mental control is in the low average range. She performed better than approximately 18% of her peers in this area (Working Memory Index (WMI) = 86; 95% confidence interval 80-94). ■■■■■'s abilities to sustain attention, concentrate, and exert mental control are a weakness relative to her nonverbal and verbal reasoning abilities. A weakness in mental control may make the processing of complex information more time-consuming for ■■■■■, draining her mental energies more quickly as compared to others at her level of ability, and perhaps result in more frequent errors on a variety of learning or complex work tasks.

■■■■■'s ability in processing simple or routine visual material without making errors is in the average range when compared to her peers. She performed better than approximately 34% of her peers on the processing speed tasks (Processing Speed Index [PSI] = 94; 95% confidence interval 86-103). ■■■■■'s performance on the subtests that compose the PSI is quite variable; therefore, the PSI score should be interpreted with caution. She performed much better on Coding (scaled score = 13), which is more demanding of fine-motor skills, short-term memory, and learning ability, than on Symbol Search (scaled score = 5), which is more demanding of attention to detail and visual discrimination.

Processing visual material quickly is an ability that [REDACTED] performs less well than her verbal reasoning ability. Processing speed is an indication of the rapidity with which [REDACTED] can mentally process simple or routine information without making errors. Because learning often involves a combination of routine information processing (such as reading) and complex information processing (such as reasoning), a relative weakness in the speed of processing routine information may make the task of comprehending novel information more time-consuming and difficult for [REDACTED]. Thus, this may leave her less time and mental energy for the complex task of understanding new material. Although much less developed than her verbal and nonverbal reasoning abilities, [REDACTED]'s speed of information processing abilities are still within the average range and better than those of approximately 34% of her age-mates (Processing Speed Index = 94; 95% confidence interval 86-103).

### *Social And Emotional Functioning*

According to her hospital therapist, [REDACTED] "struggles with major anxiety related to school work. She places a lot of pressure on herself, (and has) ... fear of failure. Jenna also struggles with depression that can involve some suicidal thoughts at times. Her depression has impacted her to the point where she has not been able to attend school due to lack of motivation and the inability to function. [REDACTED]'s anxiety has also prevented her from being able to attend a regular high school, as she feels judged, pressured and scared."

[REDACTED] presents as a slightly anxious girl who wants to be perceived as poised and mature. She is articulate, and expresses her thoughts without much prompting. She denies interpersonal problems with her family or peers, and says she cannot identify what is contributing to her school avoidance. However, her insight tends to be limited, and she probably feels unable to solve her difficulties. Her affect appears to be somewhat restrictive, although this may be due to medication. It is likely that she perceives her family as quite supportive.

Behavioral Assessment System for Children, Second Edition (BASC-2) is an integrated system designed to facilitate the differential diagnosis and classification of a variety of emotional and behavioral disorders of children and to aid in the design of treatment plans. Scale scores in the Clinically Significant range suggest a high level of maladjustment. Scores in the At-Risk range may identify a significant problem that may not be severe enough to require formal treatment or may identify the potential of developing a problem that needs careful monitoring. The narrative and scale classifications are based on scores obtained using norms.

- **BASC-2 Self-Report of Personality**  
(Based on [REDACTED]'s rating of herself)

Some caution should be employed regarding the interpretation of the Self-Report of Personality, as [REDACTED] depicted her behavior in an inordinately negative fashion. While as it is possible that [REDACTED] may be exaggerating some of her symptoms and maladaptive behaviors, it is also plausible that she may be actually experiencing acute psychological distress.

As compared to her peers, [REDACTED] rates herself as *not* having any noteworthy difficulties in a number of areas, including, sensation seeking, atypicality, locus of control, attention problems, hyperactivity, relations with parents, self-reliance, test anxiety, anger control, and mania. However, she does rate herself as having notable difficulties in the following areas:

**School Problems composite scale:** [REDACTED]'s score on this composite falls in the At-Risk classification range. Problematic areas include:

**Attitude to School:** [REDACTED] reports that she dislikes school and sometimes wishes to be elsewhere. Her score falls in the At-Risk classification range

**Attitude to Teachers:** [REDACTED] generally considers her teacher(s) to be unfair, uncaring, and/or overly demanding. Her score falls in the Clinically Significant classification range.

**Internalizing Problems composite scale:** [REDACTED]'s score on her composite scale falls in the At-Risk classification range. Problematic areas include:

**Social Stress:** [REDACTED] reports some difficulty with establishing and maintaining close relationships with others, and reports sometimes being isolated and lonely. Her score falls in the At-Risk classification range.

**Anxiety:** [REDACTED] reports substantial worrying, nervousness, and/or an inability to relax. Her score falls in the At-Risk classification range.

**Depression:** [REDACTED] reports sometimes feeling sad, being misunderstood, and/or feeling that life is getting worse and worse. Her score falls in the At-Risk classification range.

**Sense of Inadequacy:** [REDACTED] reports sometimes being dissatisfied with her ability to perform a variety of tasks, even when putting forth substantial effort. Her score falls in the At-Risk classification range.

**Somatization:** [REDACTED] reports experiencing health-related problems that may include headaches, sore muscles, stomach ailments, and/or dizziness. Her score falls in the At-Risk classification range.

**Emotional Symptoms Index:** The Emotional Symptoms Index (ESI) is the most global indicator of serious emotional disturbance, particularly internalized disorder. [REDACTED]'s score on her composite scale falls in the At-Risk classification range. See below for Problematic areas.

**Personal Adjustment composite-scale:** [REDACTED]'s score on her composite scale falls in the At-Risk classification range. Problematic areas include

**Interpersonal Relations:** [REDACTED] reports having substantial difficulty establishing and maintaining relationships with others. Her score falls in the Clinically Significant classification range.

**Self-Esteem:** [REDACTED] reports a lower self-image than others her age. Her score falls in the At-Risk classification range.

#### **Content Scales**

**Ego Strength:** [REDACTED] reports dissatisfaction with herself and her abilities. Her score falls in the At-Risk classification range.

#### **Critical Items of note:**

[REDACTED] admits to believing that she never seems to get anything right. She also revealed that she often feels sad, and that she "hates" school. In addition, she reports sometimes feeling that no one understands her, that other kids hate to be with her, and that her life is getting worse and worse.

#### - **Parent Rating Scales** (Based on Parent's rating of [REDACTED]'s behavior)

As compared to her peers, [REDACTED] is rated by her parent as having typical adolescent behaviors in a number of areas, including: hyperactivity, aggression, conduct problems, somatization, atypicality, attention problems, and social skills, activities of daily living, anger control, bullying, emotional self-control, and executive functioning. However, [REDACTED] is rated by her parent as having noteworthy difficulties in the following areas: including:

**Internalizing Problems:** [REDACTED]'s overall scores on her composite scale fall in the At-Risk classification range. Problematic areas include:

**Anxiety:** [REDACTED]'s parent reports that she sometimes displays behaviors stemming from worry, nervousness, and/or fear. [REDACTED]'s scores on this scale fall in the At-Risk classification range

**Depression:** [REDACTED]'s mother reports that [REDACTED] is withdrawn, pessimistic, and/or sad. Scores in this range warrant assessment of vegetative symptoms (e.g., weight loss or gain, fatigue, etc.). Her score on this scale falls in the Clinically Significant classification range.

#### **Behavioral Symptoms Index:**

**Withdrawal:** [REDACTED]'s parent reports that she generally alone, has difficulty making friends, and/or is unwilling to join group activities. Her score on this scale falls in the Clinically Significant classification range.

**Adaptive Skills Composite Scale:** [REDACTED]'s overall scores on her composite scale fall in the At-Risk classification range. Problematic areas include:

**Adaptability:** [REDACTED]'s score falls in the At-Risk classification range. Her parent reports that [REDACTED] has difficulty adapting to changing situations, and that

she takes longer to recover from difficult situations than most others her age.

**Leadership:** [REDACTED]'s parent reports that [REDACTED] sometimes has difficulty making decisions, lacks creativity, and/or has trouble getting others to work together effectively. Her score falls in the At-Risk classification range.

**Functional Communication:** [REDACTED]'s parent indicates that [REDACTED] demonstrates poor expressive and receptive communication skills, and that she has difficulty seeking out and finding information on her own. [REDACTED]'s score falls in the At-Risk classification range.

#### **Content Problem**

**Developmental Social Disorders:** [REDACTED]'s parent reports that she has some problems concerning social skills and communication. Her score falls in the At-Risk classification range.

#### **Negative Emotionality:**

[REDACTED]'s parent reports that [REDACTED] has a tendency to react negatively when faced with changes in everyday activities or routines. [REDACTED]'s score falls in the At-Risk classification range.

**Resiliency:** [REDACTED]'s parent reports that Jenna has difficulty overcoming stress and adversity. Her score falls in the Clinically Significant classification range.

**Critical Items of note:** [REDACTED]'s parent reports that [REDACTED] has some issues involving food consumption. Furthermore, it is reported that [REDACTED] is often easily annoyed by others, and sometimes threatens to hurt others.

#### **SUMMARY AND CONCLUSION:**

Relative to children of comparable age, [REDACTED]'s current general level of cognitive ability is estimated to be within the average range of intellectual functioning on a standardized measure of intellectual functioning. Her overall thinking and reasoning abilities exceed those of approximately 61% of individuals her age (FSIQ = 104; 95% confidence interval = 100-108). Her general verbal comprehension abilities were in the high average range (VCI = 116), and her general perceptual reasoning abilities were in the average range (PRI = 107). [REDACTED]'s ability to sustain attention, concentrate, and exert mental control is in the low average range (WMI = 86). [REDACTED]'s ability in processing simple or routine visual material without making errors is in the average range when compared to her peers (PSI = 94). She performed slightly better on verbal than on nonverbal reasoning tasks, but there is no meaningful difference between [REDACTED]'s ability to reason with and without the use of words. Also, as she performed much better on some verbal tasks than others. Furthermore, due to variability between the two subtests that compose the PSI, caution is warranted when interpreting this Index score. Significant specific strengths include orally defining vocabulary words, knowledge of isolated facts/information, and analysis and synthesis of abstract visual stimuli and nonverbal reasoning. A significantly weaker specific skill

involves the interplay of visual memory and discrimination, attentiveness to visual tasks, processing speed, visual-motor organization, and cognitive adaptability. Moreover, another significant weakness involves her auditory short-term memory. The latter specific skills score at a Borderline level.

██████ struggles with anxiety and depression, and has a fear of academic failure. She has limited insight into her difficulties, feels helpless, and likely has limited problem-solving abilities. She does feel her family is supportive of her.

As compared to her peers, ██████ rates herself as *not* having any noteworthy difficulties in a number of areas, including, sensation seeking, atypicality, locus of control, attention problems, hyperactivity, relations with parents, self-reliance, test anxiety, anger control, and mania. However, ██████ rates herself within the *At-Risk* range in attitude to school, social stress, anxiety, depression, sense of inadequacy, somatization, self-esteem, and ego strength. Furthermore, ██████ rates herself in the *Clinically Significant* range in attitude to teachers, interpersonal relations. As compared to her peers, ██████ is rated by her parent as having typical adolescent behaviors in a number of areas, including: hyperactivity, aggression, conduct problems, somatization, atypicality, attention problems, and social skills, activities of daily living, anger control, bullying, emotional self-control, and executive functioning. However, ██████'s parent rates her within the *At-Risk* range in anxiety, adaptability, leadership, functional communication, social development, and negative emotionality. Furthermore, ██████'s parent rates her in the *Clinically Significant* range in depression, withdrawal, and resiliency.



Sherry J. Wilk, M.A.  
Certified School Psychologist



Immediate Care Psychiatric Center

Srinivas K Rao, M.D.  
Shankar Srinivasan, M.D.  
Rashminkumar Solanki, M.D.  
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[www.nipsychcenter.com](http://www.nipsychcenter.com)

IMMEDIATE CARE PSYCHIATRIC CENTER ("ICPC")  
IMMEDIATE CARE CHILDREN'S PSYCHIATRIC CENTER ("ICCPC")  
IMMEDIATE CARE WOMEN'S PSYCHIATRIC CENTER ("ICWPC")

March 15, 2017

To Whom It May Concern:

RE: [REDACTED]

Psychiatric Evaluation

I- Reason for Consultation:

"Depression and Anxiety"

II- Informants for the Assessment:

[REDACTED] and [REDACTED]'s mother

III- History of Presenting Illness:

[REDACTED] reports doing well until the past January of 2016, at which time she began to experience relapse of her depression, her symptoms included sadness, no motivation, loss of interest, hopelessness and suicidal ideation. There was no apparent trigger other than returning to school. [REDACTED] denied any other symptoms of psychosis, mania, aggression or mood swings. She did admit to more anxiety, which was described as generalized worry and panic type symptoms. [REDACTED]'s relapse has caused significant psychological distress and is impacting her ability to go to school. Due to her struggles she was re-admitted to ICCPC partial hospital program.

IV- Psychiatric History:

[REDACTED] was first admitted to ICCPC Day partial hospital program for the first time in October of 2016, for worsening depression. [REDACTED] feels her depression has been ongoing since January of 2016. [REDACTED] was seeing her primary care for medication, as she was placed on Lexapro and was also seeing a private outpatient therapist at this time.



Immediate Care Psychiatric Center

Srinivasa K. Rao, M.  
Shankar Srinivasan, M.  
Rashminkumar Solanki, M.  
Krishna Maruri, M.  
Evelyn Kaminski, APN-I  
Susan Frantz, L.C.S.  
Mary Lorraine Graham, L.C.S.  
Virginia Twersky, L.C.S.  
Sarah Levy L.C.S.

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IMMEDIATE CARE PSYCHIATRIC CENTER ("ICPC")  
IMMEDIATE CARE CHILDREN'S PSYCHIATRIC CENTER ("ICPCP")  
IMMEDIATE CARE WOMEN'S PSYCHIATRIC CENTER ("ICWPC")

- No history of inpatient treatment
- No addiction or substance abuse history
- No history of suicide attempts
- No history of violence

**V- Family Psychiatric History:**

Depression

**VI- Medical History:**

None NKDA

**VII- Developmental History:**

Normal milestones no delay, no emotional, or behavioral issues from childhood.  
[REDACTED] has done well academically and is socially well related.

**VIII- Social History:**

[REDACTED] lives with her parents, and has 3 older brothers all in college.  
She is currently in the 10th grade.

**IX- Mental Status Examination:**

Appearance- neatly groomed, well nourished female  
Speech: Normal



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IMMEDIATE CARE WOMEN'S PSYCHIATRIC CENTER ("ICWPC")

Mood: sad  
Affect: flat  
No suicidal or homicidal ideation  
Sensorium: Normal  
Attention and Concentration: Normal  
Thought process: Normal  
Associations: Normal  
Thought content: Normal  
Perception Disturbances: Denied  
Judgment and insight: Normal  
Memory: Normal

**X- Axis Diagnoses:**

Axis I: Major depression recurrent, Panic Disorder  
Axis II: Deferred  
Axis III: none  
Axis IV: School issues  
Axis V: GAF 45

**XI- Assessment:**

█'s psychiatric issues specifically , pervasive mood disturbances, avoidance behaviors even when not under stress, along with irrational fears and anxiety secondary to school issues, all collectively at this time are directly impacting learning and ability to maintain and build satisfactory interpersonal relationships.

**XII- Recommendations:**

- At this time an out an out of district placement is advised.

Morris County: 22 Hill Road Parsippany NJ 07054 | P: (973) 335-9909 | F: (973) 335-9910

Bergen County: 205 Robin Road Suite 115 | Paramus, NJ 07652 | P: (201) 984-9373 | F: (201) 561-0198

WM 065



Immediate Care Psychiatric Center

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IMMEDIATE CARE WOMEN'S PSYCHIATRIC CENTER ("ICWPC")

- [REDACTED] needs regular follow up with a child psychiatrist for medication management and psychotherapist for counseling.

If you have any questions or concerns, please feel free to contact us at (973)335-9909. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Shankar Srinivasan", written over a horizontal line.

Shankar Srinivasan M.D.  
Child and Adolescent Psychiatrist

**WEST MORRIS REGIONAL HIGH SCHOOL DISTRICT**

**Chester, New Jersey**

**Department of Special Services**

**Social History**

**CONFIDENTIAL**

**NAME:** [REDACTED]

**SCHOOL:** West Morris Central H.S.

**PARENTS:** [REDACTED]

**GRADE:** 10

**ADDRESS:** [REDACTED]

**C.A.:** 16.0

**D.O.B.:** [REDACTED]

**EXAMINER:** Betina Goldberg-Rappoport, MSW, LCSW

**REASON FOR IDENTIFICATION:** [REDACTED] was referred to the Child Study Team for evaluation due to difficulty attending school. [REDACTED] was enrolled in a therapeutic program full day for several months and coming back has proven impossible for her. Currently she is home receiving home instruction while the evaluations are being completed.

**MEDICAL AND DEVELOPMENTAL HISTORY:** Mrs. [REDACTED] was 40 years old when [REDACTED] was born. She was full term weighing 8 lbs. She was well enough to be discharged from the hospital with her mother. [REDACTED] had a difficult time gaining weight at first so had formula supplementing breast milk by four months old.

According to Mrs. [REDACTED], [REDACTED] achieved developmental milestones early. She continues to be a healthy young lady. She had no chronic ear, nose or throat issues. [REDACTED] never had surgery or any hospitalizations. She eats two meals a day, breakfast and dinner. [REDACTED] said that she is not hungry during the day. [REDACTED] goes to bed at around 11 and sleeps through the night. She has no difficulty falling or staying asleep.

A review of the family's medical and educational history revealed the following. [REDACTED]'s oldest brother [REDACTED], 23 has Asperger's. He is high functioning and currently finishing a Master's degree in composition. He writes predominantly church music.

Maternal uncle is diagnosed with anxiety, depression and OCD (obsessive, compulsive disorder). He too is high functioning and works as a translator of documents from German to English. He is not married, but has a girlfriend. Maternal great-grandmother made have suffered from depression as well.

Grandparents died from varying ailments. Paternal grandmother was the only one that died of old age. Their deaths were sad for [REDACTED], but she was not devastated as her relationships with them were not particularly close and intense.

In 6<sup>th</sup> grade, [REDACTED] described starting to feel lonely. She said it wasn't severe and she did have friends. As her brothers began to go away to college, she started to feel more and more depressed. In September, 2016 she told a friend that she felt suicidal. Instead of being inpatient, [REDACTED] went to ICCPC (Immediate Care Children's Psychiatric Center). She attended an intensive Day Program from 9:00 a.m.- 2:30 p.m. and then tutoring in the same place from 2:30 p.m.- 4:30 p.m. She also worked with a therapist and psychiatrist there. She was diagnosed with depression and anxiety. [REDACTED] worked with a therapist every other day and had many group sessions with children her age. Techniques such as DBT and CBT were used. [REDACTED] felt that the therapy along with the medication was certainly helping. [REDACTED] continues to be on Prozac 10 ml. and Wellbutrin 150 ml. She is followed by Dr. Srinivasan who is the owner of ICCPC and her clinician Melissa. Additionally, when not in program, [REDACTED] saw Tracie Sakar, LCSW who she felt was helpful.

Parents terminated the program a bit before Christmas. They felt that [REDACTED] would do better with everything once her brothers began to return home. Neither [REDACTED] nor staff at ICCPC felt that [REDACTED] was quite ready. [REDACTED] felt that Christmas break was more difficult than usual because her aunt and cousin were visiting. It was all too much for her. She felt that by the time her relatives left that she was feeling badly again. [REDACTED] attempted to return to West Morris shortly before winter break and it was just too difficult. Her anxiety was too acute to be able to stay in school.

**SCHOOL HISTORY:** Currently, [REDACTED] is on home bound instruction. She has tutors come to the house and she attends therapy sessions at ICCPC twice a week in the afternoon. [REDACTED] is very socially isolated. The one friend she considered her closest has been unkind. This had a devastating effect on [REDACTED].

[REDACTED] has never had learning issues. Throughout her school history she was a strong student. Currently her emotional issues are paramount and preventing her from being in a mainstream setting. Her

parents have been exploring small private high schools where she might be more comfortable. Some of these schools are religious schools. None are therapeutic.

**FAMILY AND SOCIAL HISTORY:** [REDACTED] and [REDACTED] have been married for 27 years. They have four children [REDACTED] This is the first and only marriage for both parents.

[REDACTED] was raised in Lakewood, NJ. Her parents are deceased. She has a sister that lives in Hawaii and a brother who lives in Virginia. [REDACTED] enjoys her maternal uncle because he is funny. She cares for her aunt, but she is more intense in nature and [REDACTED] become apprehensive with that type of personality. She is big hearted, but often has no filter and says whatever she is thinking despite the impact of her words.

[REDACTED] was raised in Bergen County. His parents are deceased as well. [REDACTED] was an only child so [REDACTED] has no connections there.

[REDACTED] has a close relationship with her brothers. She is the youngest and only girl. She feels protected and comfortable with them. They are all in college or graduate school and this is very difficult for [REDACTED]. She likes having them home and interacting with them on a regular basis. Her parents are caring and loving towards her.

[REDACTED] does have some chores around the house that include caring for two cats and a dog and emptying the dish washer. She spends most of her time playing guitar and preparing for her classes.

**SUMMARY:** [REDACTED], a 10<sup>th</sup> grader, is the youngest and only daughter of four born to an intact family. [REDACTED] senses that she began feeling loneliness in 6<sup>th</sup> grade and by September of 10<sup>th</sup> grade was depressed, anxious and suicidal. Her parents put her into a therapeutic program immediately and this appeared to help [REDACTED] a great deal. She was in a full time day program at Immediate Care Children's Psychiatric Center until right before winter break. She had no intervention for a few weeks during the holiday and family visits and she decompensated some. Currently she is on home-bound instruction after returning to school proved too stressful and has tutors coming to the home along with afterschool programs twice a week at ICCPC.

*Betina Goldberg-Rappoport*  
Betina Goldberg-Rappoport, LCSW, MSW



IN PSYCHIATRY, PSYCHOLOGY &amp; COUNSELING, P.C.

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DIALECTIC BEHAVIORAL THERAPY  
MEDICATION MANAGEMENT  
PSYCHOLOGICAL TESTING  
FORENSIC EVALUATIONS  
SCHOOL EVALUATIONS  
ADD/ADHD EVALUATIONS  
PSYCHOGENOMIC TESTING

**PSYCHOEDUCATIONAL TESTING REPORT****PATIENT NAME:****DATE OF BIRTH:****AGE:****REFERRED BY:****EXAMINER:**

School district and family attorney

Natalie Schubert, Psy.D., BCBA-D, Licensed Psychologist (#5563)

**DATES OF EVALUATION:** 7/31, 08/02, 08/03/17

**REASON FOR REFERRAL:** [REDACTED] is a 16-year-old female referred by her school district and her attorney (Ms. Julie Warshaw) for a private psychoeducational evaluation to guide school placement decisions and academic recommendations. [REDACTED] is diagnosed with depression and anxiety, which have made it difficult for her to attend her high school and resulted in being homeschooled for much of the year, despite [REDACTED]'s work and desire to attend school. Background information was provided by [REDACTED], her mother (Mrs. [REDACTED]), and a review of records.

**DEVELOPMENTAL AND MEDICAL HISTORY:** Mrs. [REDACTED] and Mr. [REDACTED] were 40-years-old when [REDACTED] was born. [REDACTED] is the result of a healthy pregnancy and delivery born on time weighing 8 pounds. She met her language and motor milestones early. She is right-hand dominant for writing. When she was 11-years-old, she broke her wrist during basketball. She denied frequent ear infections but did report strep throat multiple times, particularly in middle school. She is currently prescribed Wellbutrin (150mg) and Prozac (15mg) by Ms. Evelyn Kaminski (licensed psychiatric nurse practitioner) under the supervision of Dr. Srinivasan. She also takes Vitamin D (2000 IU) daily. [REDACTED] wears contact lenses. Sleep was reported within normal limits. Appetite can be affected by medications.

**FAMILY HISTORY:** [REDACTED] lives at home with her parents. She has three older brothers who she is close with ([REDACTED] years old). Mrs. [REDACTED] earned her Bachelor's degree and works as a teacher. Mr. [REDACTED] earned his Master's Degree and works as an engineer. Family history is significant for high-functioning Asperger's disorder and high blood pressure.

PATIENT NAME: [REDACTED]  
 DATE OF BIRTH: [REDACTED]  
 PSYCHOEDUCATIONAL EVALUATION

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**ACADEMIC HISTORY:** [REDACTED] recently completed tenth grade at West Morris Central High School in Chester, New Jersey. She has never been held back or repeated a grade. She earns mostly A's and B's. According to her ninth grade report card, she missed six or less days and earned A's in Biology, Band, and French and B's in History, Health, English, and Algebra. Her best subject is English and her most difficult subject is Chemistry.

Mrs. Humcke stated that [REDACTED] has difficulties with memory that impact her learning and testing. [REDACTED] explained that she is "just gonna do bad on" tests so she does not study because it "won't make a difference." She does not feel comfortable participating in class (anxiety). Mrs. [REDACTED] explained that [REDACTED] writes well but struggles with spelling.

[REDACTED] and her mother reported that [REDACTED] turned assignments in on time, does not lose things, and is good with organization, following instructions, and adapting to change. She can procrastinate with projects, explaining that she "works best under pressure." [REDACTED] stated that group projects have not been an issue for her.

[REDACTED] has been receiving home instruction since 10/24/16 and a 504 plan was implemented for her effective 12/7/16.

[REDACTED] stated that she wants to resume school. When asked what makes a good school for her, [REDACTED] stated that she would like a small school that does not have too many people and where the teachers care about her. [REDACTED] plans to go to college after high school; she does not know what she wants to specialize in yet.

**SOCIAL, EMOTIONAL, BEHAVIORAL HISTORY:** When asked about [REDACTED]'s strengths, Mrs. [REDACTED] replied, "[REDACTED] is sensitive, thoughtful and loving person. She is musically talented and very perceptive." [REDACTED] enjoys listening to music and playing music (guitar and piano). [REDACTED] is on course to complete her gold award. No behavioral problems have been reported at home or at school (other than anxiety preventing her from going/staying in school).

[REDACTED] explained that she did not have friends in school with the exception of elementary school. She did, however, have acquaintances in order to avoid being alone during times such as lunch. She had one close friend for one year but that ended. [REDACTED] would like to have more friends.

[REDACTED] experienced panic attacks in middle school when she felt teased by her Spanish teacher. [REDACTED] explained that she has always had some anxiety but it did not keep her from doing things until this past school year. She tended to feel sick in the morning before school. Mrs. [REDACTED] explained that [REDACTED] is very hard on herself and typically thinks that her efforts are "not good enough."

In the Fall of 2016, [REDACTED] experienced suicidal ideation (September through December 2016). In hindsight, Mrs. [REDACTED] explained that [REDACTED] was spending a lot of time in her room before October 2016 but she was unsure if this was typical teenage behavior or something more concerning at the time. She completed a day program at Immediate Care Children's Psychiatric Center (ICPC) where she learned coping skills and communication and also received tutoring. According to a January psychological evaluation, [REDACTED]'s diagnoses at discharge were Major Depressive Disorder, recurrent, severe, without

PATIENT NAME: [REDACTED]  
 DATE OF BIRTH: [REDACTED]  
 PSYCHOEDUCATIONAL EVALUATION

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psychotic features as well as Generalized Anxiety Disorder. She tried to return to school multiple times but it triggered her anxiety too intensely and she returned to home instruction.

[REDACTED] was evaluated by Ms. Sherry Wilk (Certified School Psychologist) in January 2017. The evaluation found her overall intelligence to be in the Average range (Full Scale IQ = 104, 61<sup>st</sup> percentile). Her Verbal Comprehension placed her in the High Average range (VCI = 116, 86<sup>th</sup> percentile), her Perceptual Reasoning and Processing Speed placed her in the Average range (PRI = 107, 68<sup>th</sup> percentile; PSI = 94, 34<sup>th</sup> percentile), and her Working Memory was measured in the Low Average range (WMI = 86, 18<sup>th</sup> percentile).

Due to increased anxiety and depression, she was readmitted to ICCPC partial hospital program in early 2017; March 2017 ICCPC records list her diagnoses as Major depression recurrent and Panic disorder and recommend an out of district school placement.

[REDACTED] continues group therapy on an outpatient basis for anxiety, depression, and social skills. [REDACTED]'s therapist explained that [REDACTED] has a fear of being judged by others and ruminates on this, which impacts her academic performance. The therapist reported that [REDACTED] has become more assertive and opinionated which has been great, but she still needs help wording her thoughts and feelings in an interpersonally effective way. She also explained that [REDACTED] "hates routine"; she becomes bored with routine which leads to anxiety. A combination of therapy and medication has improved her mood.

**MENTAL STATUS EXAMINATION AND BEHAVIORAL OBSERVATIONS:** [REDACTED] was evaluated over one intake session and two testing sessions. She did wear her contact lenses for testing. [REDACTED] presented as a 16-year-old female who appeared her stated age. She was alert and oriented in all spheres. Mood was euthymic and affect was congruent. Speech tone and volume were within normal limits. Eye contact was within normal limits. There is no evidence or report of substance abuse. She denied current self-injury and suicidal ideation/plan/intent. There is no evidence or report of abuse or neglect. No pain was reported.

[REDACTED] established rapport appropriately and answered the examiner's questions but was reserved and did not initiate or elaborate on conversation spontaneously. [REDACTED] requested that some items be repeated. She worked slowly and carefully, taking time to think before and while responding. During several subtests, [REDACTED] answered correctly just as time elapsed or after time elapsed (no credit in the latter scenario). Given the overall good effort and cooperation, the assessment is believed to be a valid estimate of [REDACTED]'s current functioning.

#### **EVALUATION PROCEDURES**

Wechsler Adult Intelligence Scale – Fourth Edition (WAIS-IV)  
 Wechsler Individual Achievement Test – Third Edition (WIAT-III)  
 Nelson-Denny Reading Test, Form G  
 Wechsler Intelligence Scale for Children – Fifth Edition (WISC-V), Symbol Translation  
 Wide Range Assessment of Memory and Learning, Second Edition (WRAML2)  
 Delis Kaplan Executive Function System (D-KEFS)  
 Conners Continuous Performance Test 3<sup>rd</sup> Edition (CPT3)  
 Conners Continuous Auditory Test of Attention (CATA)  
 Behavior Rating Inventory of Executive Function, Second Edition (BRIEF2) – Self, Parent, Teacher

PATIENT NAME: [REDACTED]  
 DATE OF BIRTH: [REDACTED]  
 PSYCHOEDUCATIONAL EVALUATION

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Behavior Assessment System for Children, Third Edition (BASC-3) – Self, Parent, Teacher Forms  
 Revised Children's Manifest Anxiety Scale, Second Edition (RCMAS-2)  
 Clinical Interview

Review of Records (Report Card, Ninth Grade; Psychological Evaluation, 1/19/17; Social History;  
 ICCPC Psychiatric Evaluation, 3/15/17)  
 Behavioral observations

## TEST RESULTS

### Assessment of Intellectual Functioning

[REDACTED]'s intellectual ability was assessed using the Wechsler Adult Intelligence Scale – Fourth Edition (WAIS-IV). This test yields a Full Scale IQ, which is an overall measure of cognitive functioning, as well as four index scores which tap more specific domains such as verbal ability, analytical reasoning, visual-spatial skills, and problem solving. [REDACTED] achieved a Full Scale IQ score of 99, placing her overall cognitive functioning in the Average range (47<sup>th</sup> percentile). However, for individuals with neuropsychological issues such as learning disorders, Attention-Deficit/Hyperactivity Disorder, and other similar issues, difficulties with working memory and processing speed may result in lower FSIQ scores (Wechsler, 2003). Therefore, the General Ability Index (GAI) was calculated. GAI is a summary score that is less sensitive to the influence of working memory and processing speed and may be a better representation of [REDACTED]'s intelligence than the FSIQ. [REDACTED] achieved a GAI score of 108, estimating her cognitive functioning to be in the Average range (70<sup>th</sup> percentile), consistent with her FSIQ.

[REDACTED] achieved a Verbal Comprehension Index score of 108, placing her ability in the Average range (70<sup>th</sup> percentile). Her ability to answer knowledge-based questions (Information) placed her in the Very High range. Her ability to identify commonalities between objects and concepts (Similarities) placed her in the High Average range. Her ability to articulate word definitions (Vocabulary) placed her in the Average range of functioning.

[REDACTED] achieved a Perceptual Reasoning Index score of 107, placing her within the Average range of functioning (68<sup>th</sup> percentile). This index assesses nonverbal and visual-spatial reasoning ability. Her ability to recognize and complete visual patterns (Matrix Reasoning) and her ability to mentally manipulate shapes to match a model (Visual Puzzles) were evenly developed and placed her in the High Average range of functioning. Her ability to replicate geometric designs using blocks (Block Design) placed her in the Average range of functioning; she completed some of the items correctly just as time was running out.

The Working Memory Index assesses the ability to hold information in mind and perform some kind of operation or manipulation with it. [REDACTED] achieved a score of 80 on this index, placing her within the Low Average range (9<sup>th</sup> percentile), representing an area of relative weakness. [REDACTED]'s ability to repeat increasingly long series of digits in both forward and reverse order (Digit Span) and her ability to solve math word problems in her head within a time limit (Arithmetic) were evenly developed and placed her in the Low Average range of functioning.

Finally, [REDACTED] achieved a score of 92 on the Processing Speed Index, placing her in the Average range of ability (30<sup>th</sup> percentile), representing an area of relative weakness. This index assesses the ability to quickly and efficiently process visual information while under pressure to maintain focused attention. Her ability to quickly copy symbols matched with shapes according to a key (Coding) was better developed